

# **STRATEGIC PLAN FOR SERVICES TO OLDER ADULTS AND ADULTS WITH DISABILITIES 1995 - 2000**



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**REPORT TO THE BOARD OF SUPERVISORS  
BY THE NEW BEGINNING COALITION**

**OCTOBER 17, 1995**



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**THANK YOU TO THE  
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WITHOUT WHOSE ASSISTANCE THIS PLAN  
WOULD NOT HAVE BEEN POSSIBLE:**

**San Mateo County Aging and Adult Services**

**Peninsula Community Foundation**

**Bay Area Independent Elders Foundation**

**To the many consumers and agency representatives  
who participated in numerous Coalition activities  
leading to the development of the Strategic Plan**



# **Executive Summary**





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# **NEW BEGINNING STRATEGIC PLAN EXECUTIVE SUMMARY**

## **New Beginning Coalition Steering Committee**

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## **Consultants**

Third Sector Management Group  
H.K. and Associates

## **Preface- Demographics of San Mateo County**

San Mateo County is aging. According to the 1990 Census, 108,660 individuals 60 years of age and above reside in San Mateo County. The senior population, representing 16.73% of the county's total population of 649,623, grew at a rate of 19.69% in the last decade, as compared to the 9.6% growth of the total county population. Because of the high cost of living in San Mateo County, many younger families are locating elsewhere, leaving this county with one of the highest median ages in the Bay Area.

While the county's growth rate was only moderate, the percentage of the total that the minority population comprises rose by 11.1% from the 1980 Census. Minority individuals now comprise 45.8% of the County's total population, with minority elders comprising 21% of the senior population.



As of 1990, it was estimated that over 117,000 individuals residing in San Mateo County are affected by a disability. This figure represents a 2.4% increase from the 1988 estimate of 114,266. The largest growth in the number of persons with disabilities is expected to be within the senior age group.

Studies show that as individuals age, they are more likely to need assistance with the activities of daily living because of chronic medical conditions. At the same time our population is aging, the percentage of older persons living with relatives other than spouses is declining.

There are 13,475 households, or 40,405 persons living in poverty in San Mateo County. This represents 6.5% of the total population. Almost 10% of persons over 65 are poor, while 12% of individuals over 75 are poor. These figures do not take into account the high cost of living in the Bay Area, but instead are based on national guidelines.

### **New Beginning Coalition- History and Accomplishments**

In July 1992, the San Mateo County Aging and Adult Services Division convened a broad-based group of persons with disabilities, seniors, caregivers, and service providers to form the New Beginning Coalition. The mission of the Coalition was to improve the quality of life of San Mateo County's diverse population of older persons and adults with disabilities. The formation of the Coalition also fulfilled a grant requirement of the Bay Area Independent Elders Foundation, which has supported community outreach and training activities associated with the county's 24-hour centralized Information and Assistance line (TIES Program).

The Coalition set out to meet this goal through long-range planning, coordination, and advocacy efforts that would include the ongoing participation of a wide range of organizations and diverse community representatives. Its focus was to be on systems development, with a proactive rather than reactive orientation. The primary vehicle for achieving this end was the development of a long-range plan for a continuum of services that would be responsive to the needs of its consumers and would acknowledge and incorporate the diversity that exists in San Mateo County. The ideal service delivery system would be integrated and flexible, based on the functional needs of individual consumers, without the artificial constraints posed by funding sources and legislation. It would be consumer driven, incorporating consumers participation and choice.

In the three years since its inception, the New Beginning Coalition has involved more than 500 individuals in a variety of Coalition activities. Participation has included representatives from key private non-profit and governmental providers serving senior citizens and adults with disabilities, consumers, representatives from minority communities, and the ongoing involvement of the Commission on Aging and the Commission on Disabilities.

In order to design how the ideal system would look in the year 2000, Coalition members worked with Aging and Adult Services to identify current and projected needs, to assess the ability of the current delivery system to meet both current and future needs, to identify the ideal mix of services to meet projected future needs, and finally, how those services should be organized and delivered. Coalition members engaged in a variety of activities with its own membership, with organizations outside the Coalition, as well as with the grass roots community. A summary of those activities is listed below.



**Needs assessment-** The following procedures were conducted in order to identify current needs and to project future needs:

- \* An extensive analysis of Census and secondary data, both general and specific to San Mateo County
- \* Key informant surveys with community leaders
- \* A series of community forums throughout San Mateo County, targeting consumers of services for seniors and adults with disabilities

**Analysis of existing delivery system-** Surveys were conducted with agencies serving seniors and adults with disabilities to determine who they are currently serving and to identify barriers in serving their target populations.

**Baseline conference-** A workshop was conducted with the Coalition Steering Committee and interested Coalition members to review findings from the Needs Assessment and the Analysis of the Existing Delivery System. Based on their acceptance of those findings, workshop members drafted basic themes that would form the framework of an upcoming Visioning Conference.

**Visioning Conference-** A one and one-half day conference, involving 150 community and agency representatives, was conducted with the purpose of developing the vision of the ideal service delivery system, based on the concepts identified at the Baseline Conference.

**Development of Strategic Plan Goals and Objectives-** Based on the extensive input received at the Visioning Conference, strategic plan goals and objectives were drafted. Members of the Coalition, Commission on Aging, and the Commission on Disabilities were involved in detailed discussions and revision of those goals and objectives, and ultimately approved the attached document.

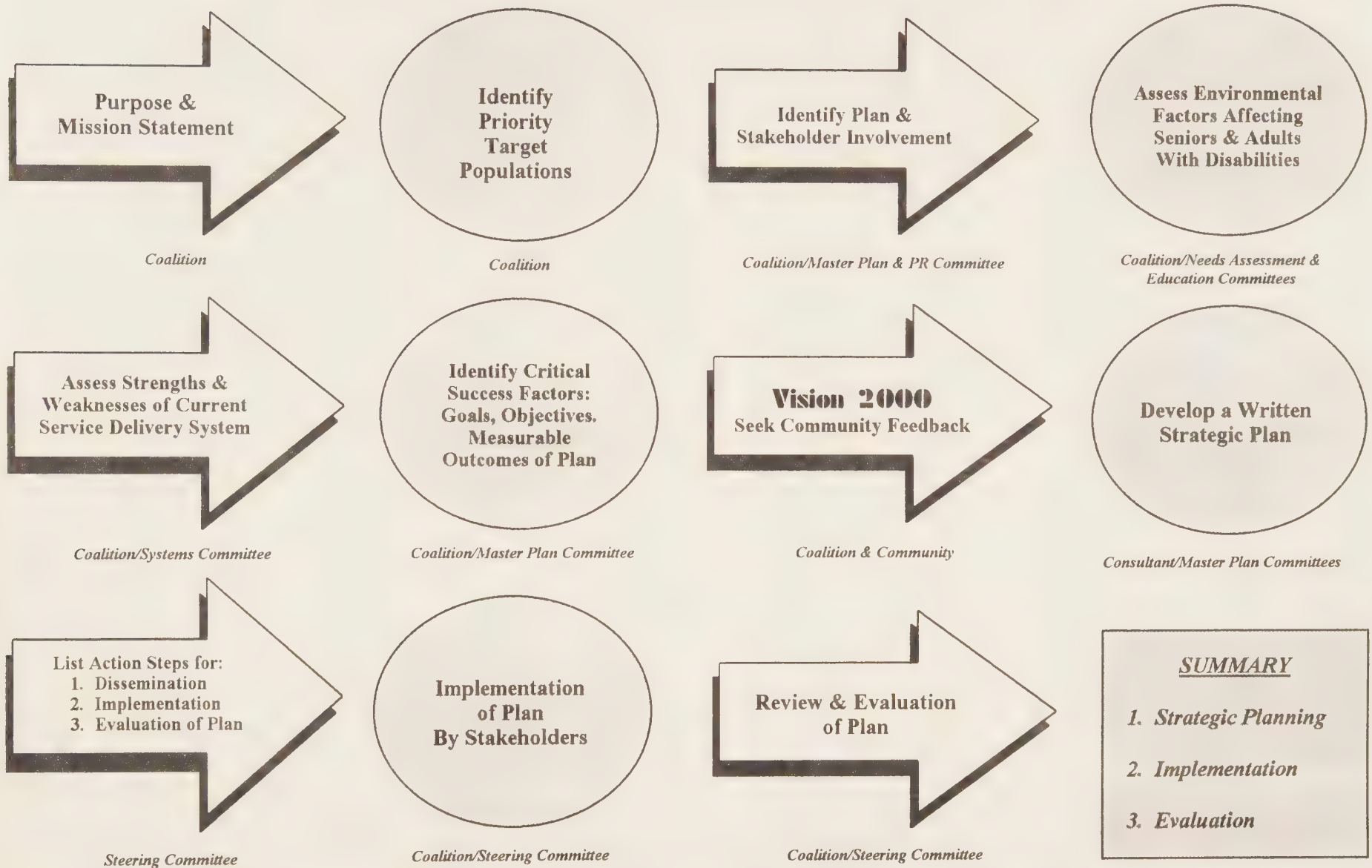
**Development of Action Steps/Activities to Achieve Goals and Objectives-** Members of the Commission on Aging and the Commission on Disabilities worked together with the Coalition to identify action steps already developed by existing organizations serving seniors and adults with disabilities. In addition, the three groups jointly sponsored a series of fourteen community forums throughout San Mateo County as a means of educating the community about the Strategic Plan and soliciting additional community input regarding action steps. Input was reviewed and action steps were developed and approved by members of the New Beginning Coalition, the Commission on Aging and Commission on Disabilities.

**Implementation of the Plan-** Upon adoption by the Board of Supervisors, this Plan will immediately go into the implementation phase. Providers and consumers throughout San Mateo County will be involved in a series of implementation activities.

Figure 1 graphically describes the steps undertaken to develop the Strategic Plan.

Figure 1

## Strategic Planning Steps for New Beginning Coalition



# STRATEGIC PLAN GOALS AND OBJECTIVES

## **1. RESPECTING THE CONSUMER AND THE CONSUMER SELF-HELP MOVEMENT** **To create a network of services and supports which respects the role of the consumer and which incorporates the values of the self-help movement**

To invite advocates and representatives of the consumer self-help movement to identify areas of common ground with the New Beginning Coalition, and to join forces around goals in the Strategic Plan common to both

To encourage agencies and organizations participating the New Beginning Coalition to reevaluate the role of consumers in planning and program decisions and identify ways that consumer self-help efforts can be integrated into their services

To conduct an annual survey of agencies serving seniors and adults with disabilities to document:

- shift from professional and agency decision-making on behalf of consumers toward shared decision-making incorporating consumer choice and preference
- increased involvement of volunteers, seniors, and persons with disabilities in agency planning, operational policy, and program decisions

To encourage established neighborhood groups (such as Neighborhood Watch) to visit and extend neighborhood volunteer support to isolated and vulnerable seniors and adults with disabilities in the neighborhood

To sponsor a meeting among representatives from San Mateo County and representatives of the Federal administration to advocate for the development of a community service corps which utilizes the talents of retired adults and seniors in serving seniors and adults with disabilities

To develop and implement a national demonstration project for a community service corps for seniors and adults with disabilities within San Mateo County

To expand the role of peer support and peer counseling within agencies serving seniors and adults with disabilities in San Mateo County

To promote the effective use of volunteer and consumers to augment services provided by community-based organizations serving seniors and adults with disabilities

To explore the feasibility of establishing a consumer-linked computer network for seniors and adults with disabilities to access existing networks, to augment some case management functions, and to improve direct access to services and information

If feasible, to develop and implement a consumer-linked computer network for seniors and adults with disabilities to access existing networks, to augment some case management functions, and to improve direct access to services and information



**2. GREATER DISCRETION, MORE FLEXIBILITY, FEWER FUNDING CONSTRAINTS**  
**To provide the services and supports needed by seniors and adults with disabilities without regard to diagnosis, disability, age, or source of funding**

Develop and implement a model program (Long-Term Supportive Services Program) that has the discretion to utilize a variety of Federal and state funds in a way that provides the specific services needed by individual seniors and adults with disabilities

Create a system for the delivery of services

Provide consumers with the opportunity to select needed support from a menu of services

**3. GREATER SOCIAL INCLUSION AND INDEPENDENT LIVING**  
**To provide a network of services and supports that sustains independent living and promotes full participation in the community in which people choose to live and work**

To reduce the physical barriers that prevent individuals from enjoying maximum independence and participation in the community

To reduce attitudinal barriers which are obstacles to maximum independence and full participation in the community by seniors and adults with disabilities

To conduct an annual survey of agencies serving seniors and adults with disabilities which documents agency practices in the areas of:

- increases in services provided in the home setting
- activities that enhance the ability of family members, friends, neighbors, church groups, etc. to assist seniors and adults with disabilities with activities of daily living

To develop and implement educational programs for agency staff at all levels, volunteers, board members, and program participants that will increase understanding of how agency practices can enhance client independence and participation in the community

To establish a task force that will explore the potential for new product development and pilot testing of products to enhance the independence and quality of life for persons with disabilities

Provide greater access to employment and recreation opportunities for seniors and adults with disabilities

Provide improved access to affordable and accessible housing

Explore intergenerational issues (i.e. caregiving by grandparents) and develop strategies to improve the quality of life

#### **4. HONORING AND SUSTAINING OUR GROWING POPULATION OF SENIORS**

**To provide a network of services, programs, and supports that enables seniors to remain independent, to reside safely in their homes, and to participate fully as valued and respected members of their communities**

To improve the coordination of the existing leadership base of seniors and adults with disabilities on planning and policy groups relating to issues of significance to those groups

To increase the participation of seniors, adults with disabilities, leaders of ethnic communities, and consumers in health care planning advocating for:

- increased funding of services that enable seniors and adults with disabilities to remain living at home
- services that are responsive to the needs of our culturally diverse community
- greater opportunity for choice by consumers

To expand the base of volunteers who provide support to seniors

To include seniors, adults with disabilities, leaders of ethnic communities, and consumers in planning, advocacy, and monitoring activities within each community service area

#### **5. RESPECTING OUR DIVERSITY**

**To ensure that the network of services and supports for seniors and adults with disabilities reflects an understanding of and respect for this county's cultural and racial diversity and is free of ethnic, cultural, and/or language barriers to utilization of services**

To foster increased understanding of and respect for the cultural diversity that exists in San Mateo County

To promote the selection of a more diverse leadership within the provider network of services to seniors and adults with disabilities

To invite consumers, professionals, and providers involved in the Latino, African-American, Native American, and Asian/Pacific Island communities to plan and implement changes in the way services and supports are organized and delivered in order to be more culturally sensitive and acceptable

## **6. CREATING SAFER, MORE ACCESSIBLE, LIVABLE COMMUNITIES**

**To mobilize the leadership and energy of seniors and adults with disabilities to create and sustain safer, more accessible, and more livable communities**

To convene groups of seniors, adults with disabilities, fire departments, paramedics, public safety, and disaster preparedness planners within each community service area to develop and implement local plans that will ensure the safety of isolated and vulnerable residents

To assure that existing neighborhood-based programs for disaster preparedness or crime watch identify and include in their strategic plans the needs of isolated and vulnerable seniors and adults with disabilities

To help organize new disaster preparedness or crime watch neighborhood based organizations which include in their strategic plans the needs of isolated and vulnerable seniors and adults with disabilities

To identify funding for and implement a program which will provide volunteer escorts for seniors and adults with disabilities who need to walk or travel during evening hours or through areas in which they do not feel safe

To develop and implement an accessible transportation system which:

- recognizes access to services as crucial;
- recognizes transportation as an integral component of the service delivery system; and
- includes new and innovative transportation services for seniors and adults with disabilities

## **7. ADVANCING LOCAL HEALTH CARE AND HEALTH PROMOTION INITIATIVES**

**To establish local prevention programs and interventions that help the underserved while sustaining pressure for national health care reform**

To convene a workshop for the purpose of developing a model program for wellness, health promotion, and community health care targeting seniors and/or adults with disabilities

To identify a source of funding for the operation of the model program listed above

To use the mailing list from the New Beginning Coalition and other health promotion agencies to alert consumers and agencies to public education forums and events addressing the issues of health care reform

To organize a series of workshops for providers, consumers, and organizations serving seniors and adults with disabilities to explore new ways of providing health care services



## **8. MONITORING AND IMPROVING COMMUNITY - BASED SERVICES AND SUPPORTS**

**To promote the involvement of consumers, providers, and advocates in the ongoing process of monitoring and improving the network of community-based services for seniors and adults with disabilities**

To conduct a retreat involving the leadership of the New Beginning Coalition, the Commission on Aging, and the Commission on Disabilities to define the roles each will play in the implementation of the Plan

To develop and promote the use of standardized data collection methods for all programs serving seniors and adults with disabilities in order to improve planning and monitoring of services throughout the county

To support the development of broad-based planning groups within each of the community service areas for the purpose of identifying local needs, advocating for change and improvement, and participating in the development and implementation of programs at the local level

To establish liaisons and a mechanism for sharing important information between each of the community-based planning groups and the New Beginning Coalition, the Commission on Aging, and the Commission on Disabilities

To develop from the New Beginning Coalition's visions and strategic goals a proactive community platform for defining public issues and public policy with regard to seniors and adults with disabilities in San Mateo County

To conduct a second annual New Beginning Coalition Conference to review accomplishments and to refine Strategic Plan goals, where appropriate

## **9. PREVENTING VIOLENCE, ABUSE, AND NEGLECT**

**To improve the security and well-being of seniors and adults with disabilities by reducing the incidence of violence, abuse, and neglect**

To increase public awareness of the nature and incidence of financial, physical, and emotional abuse and neglect of seniors and adults with disabilities in San Mateo County, and to increase the ability and willingness of citizens to identify vulnerable persons and to secure assistance and protection for them

To increase professional awareness of senior and dependent adult abuse through training and other related activities such as improving access to information and services

To build diverse cooperative community partnerships involving County, community-based organizations, law enforcement, and the District Attorney's Office to improve the identification, investigation, and prosecution of abuse

## **Acknowledgements**

No coalition can operate successfully without an agreement to work cooperatively on issues of common concern. The New Beginning Coalition should be congratulated for its evolution from a group of individuals and organizations with a significant interest in protecting, promoting and focusing on their own organizations, to a group whose territorial barriers faded and whose major focus became a vision of the ideal system for seniors and adults with disabilities.

We would like to take this opportunity to acknowledge the agencies and individuals without whose help the development of this Plan would not have been possible:

- \* to the San Mateo County Aging and Adult Services Division for its contribution toward the cost of the consultants who assisted the Coalition in the development of the Strategic Plan, as well as for the incalculable hours of professional and clerical support that enabled the Coalition to function so successfully;
- \* to the Peninsula Community Foundation for a grant for consultation services;
- \* to the Bay Area Independent Elders Foundation for grant support of the community education and training component of the TIES Program; and
- \* to the many individuals, both consumers and agency representatives, whose voluminous hours of voluntary time and materials supported a variety of Coalition activities since July 1992. You have truly made this Plan a partnership with the community.

# **I. Introduction**





## WHAT IS THE PLAN?

The Strategic Plan is a blueprint, a collaborative effort by the County, community-based providers, and the grassroots community to design a detailed view of how we want our future communities to look for senior citizens and adults with disabilities. It provides us with a view of the comprehensive system of services and supports that will effectively promote their independence and maximize their quality of life. This plan is focused on the needs of the individuals it serves, and must be flexible in order to respond to the changing needs of the community, as well as the political, social, and economic climate in which we find ourselves.

## WHO ARE THE PLAN'S TARGET POPULATIONS?

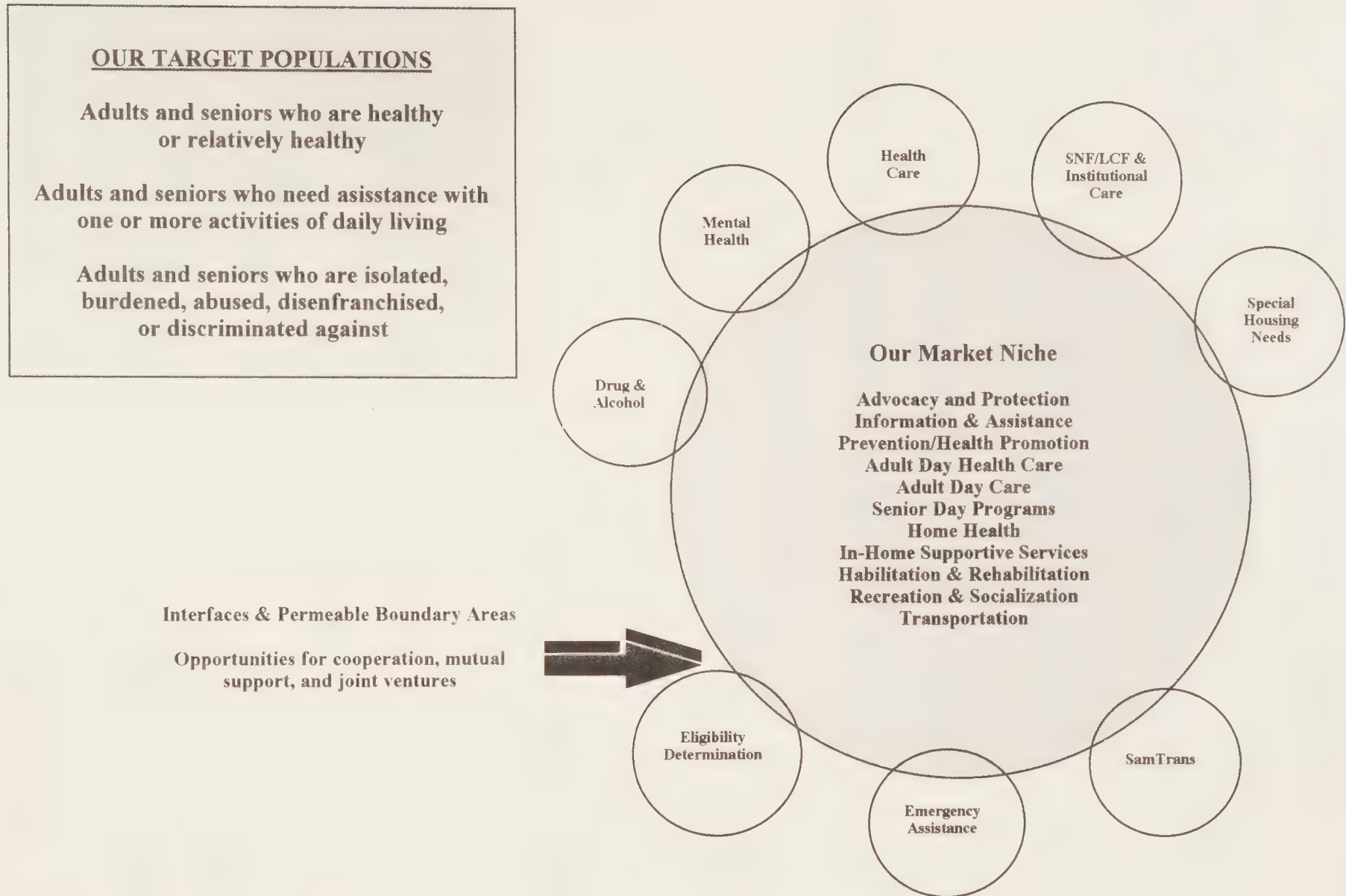
The Strategic Plan is based on the on the needs of San Mateo County's population of seniors and adults with disabilities, two groups that have not traditionally been integrated into a single service delivery system. While in some ways these two heterogeneous groups may seem quite different from one another, there are many similarities which support their linkage to a single strategic plan and service delivery system.

Both seniors and adults with disabilities face comparable challenges, and may need the same services and supports to assist them in maintaining their independence. Additionally, some seniors and adults with disabilities share a feeling of being devalued by society because of stigma and negative stereotyping. As a network, we are committed to the belief the best place for seniors and adults to be living is in the community, and our role is to build upon the strengths of individuals and to reduce the barriers that make it difficult for them to live there comfortably and safely.

### **Specific target populations for the Plan include:**

- o adults and seniors who are healthy or relatively healthy**  
individuals who seek social participation, volunteer opportunities, employment  
individuals who are seeking healthier lifestyles through exercise, nutrition, health promotion, education, and cultural activities
- o adults and seniors who need assistance with one or more activities of daily living**  
services and supports are based on level of individual's functioning, not based on age or disability  
services are supportive and home or community-based, augmenting family and community-based supports
- o adults who are isolated, burdened, abused, disenfranchised or discriminated against**  
adults/seniors who are isolated, lonely, unhappy, grieving adults/elders who are caretakers or others with disabilities adults/seniors who are abused or disenfranchised or discriminated against adults/seniors facing racial/ethnic barriers to services, acceptance, participation

Figure 2





## **II. Description of San Mateo County: Major Trends and Themes**



## **DESCRIPTION OF SAN MATEO COUNTY'S SYSTEM OF SERVICES FOR SENIORS AND ADULTS WITH DISABILITIES**

San Mateo County is perceived as a service-rich county because it houses a broad continuum of services for its residents. In addition to its highly coordinated county-based services, a variety of private non-profits and proprietary agencies respond to all levels of consumer needs.

The Aging and Adult Services Division of San Mateo County serves as this county's Area Agency on Aging. This division, located within the Health Services Agency, was developed 14 years ago to provide comprehensive health and social services to San Mateo County adults with chronic health care problems. This unique division was created by bringing together individual adult services from the Social Services, Mental Health, and Coroner/Public Guardian programs in the County to create a single, uniform countywide continuum of care for the chronically ill.

Since that time, the Division has changed its name from "Long Term Care" to "Aging and Adult Services" to reflect the expanded continuum of services it offers to seniors and adults with disabilities. Aging and Adult Services now houses the following services and programs:

- Area Agency on Aging
- Commission on Aging
- Commission on Disabilities
- Veterans Service Office
- Centralized Intake/TIES line (toll-free Information & Assistance)
- Multi-disciplinary 24-Hour Response Team
- In-Home Supportive Services/Public Authority
- Adult Protective Services
- Public Guardian/Conservator
- Representative Payee
- Case Management Programs
  - AIDS
  - Multipurpose Senior Services Program
  - Linkages

The Aging and Adult Services Centralized Intake Unit serves as a single point of entry for adults into the public system. A single point of intake (1-800-8437) makes the County's adult services system more accessible, promotes more comprehensive, holistic assessments of elderly and dependent adults, and strengthens the coordination among existing service departments. The Centralized Intake Unit consists of a 24-hour telephone line and emergency response capability, plus a multi-disciplinary team comprised of professionals with expertise in public health, mental health, adult protective services, issues relating to drug and alcohol use/misuse, and other related services. Staff have expertise in the areas of intake, assessment and short-term case planning. In addition to its in-house programs, the Division also contracts with community-based organizations that work in partnership with the County to provide a coordinated system of care for seniors and adults with disabilities.

In addition to the continuum of adult services provided by the County's Aging and Adult Services Division, the County's Human Services Agency provides services to the adult population. Its mission,



to meet the needs of children, homeless, unemployed, working poor and others who are in danger of become poor or who are victims of abuse or neglect, is achieved by consolidating services, through a multi-disciplinary approach involving early identification and intervention.

The partnership between the County and community-based organizations provides an array of community and institutionally-based long term care services available to at-risk individuals residing in San Mateo County. These include Meals on Wheels, Long-Term Care Ombudsman, Adult Day Care, Adult Day Health Care, a Day Care Program specializing in Alzheimer's patients, Adult Protective Services, a variety of Case Management programs (Multipurpose Senior Services Program, Linkages, Mental Health, and AIDS), Representative Payee, Home Health Care, In-Home Services, Paratransit Services (both door-to-door and curb-to-curb Transportation); Peer Counseling (in English and Spanish); and Public Guardianship/Conservatorship.

Other services targeted to a more generalized adult population include Information and Assistance, Subsidized and Unsubsidized Employment, Mental Health, Congregate Nutrition, a variety of Health programs including Preventive Health services, Mental Health services, Housing (including Subsidized Housing), Home Repair and Modification programs, Legal Assistance and Advocacy, Transportation, Recreation, Education, Volunteer programs, and HICAP (Health Insurance and Advocacy Program).

### **Community Service Areas**

The County's system of care can be viewed as three levels of service, each targeting a different level of consumer independence- the independent, those needing assistance to remain independent, and those who are unable to live independently and are in long-term care facilities. In an effort to ensure that individuals throughout San Mateo County have access to a variety of services at the appropriate level of care, the county has been divided into four community service areas, each containing a broad range of services that are accessible to older persons and adults with functional impairments. Each community service area has a unique geography and demographic makeup, as well as unique needs requiring a specific mix of services. With the exception of the south coastside area from Montara through Pescadero, there is a fairly even distribution of the senior population among the designated community service areas.

The following five criteria formed the basis for the designation of community service areas:

- \* geographic boundaries and identified barriers;
- \* ethnic and cultural areas;
- \* population density;
- \* transportation accessibility; and
- \* identified areas where the community looks for services
  - commerce centers
  - professional service centers
  - existing focal points for services

The following list indicates the cities located within each community service area:

**COMMUNITY SERVICE AREA I (NORTH COUNTY)**

- |             |            |                       |
|-------------|------------|-----------------------|
| o Daly City | o Pacifica | o South San Francisco |
| o Colma     | o Brisbane | o San Bruno           |

**COMMUNITY SERVICE AREA II (CENTRAL COUNTY)**

- |             |               |                |
|-------------|---------------|----------------|
| o Millbrae  | o Burlingame  | o Hillsborough |
| o San Mateo | o Foster City |                |

**COMMUNITY SERVICE AREA III (SOUTH COUNTY)**

- |                  |                  |                |
|------------------|------------------|----------------|
| o Belmont        | o San Carlos     | o Redwood City |
| o Woodside       | o Atherton       | o Menlo Park   |
| o Portola Valley | o East Palo Alto |                |

**COMMUNITY SERVICE AREA IV (COASTSIDE)**

- |                 |                |                        |
|-----------------|----------------|------------------------|
| o Montara       | o Moss Beach   | o El Granada           |
| o Half Moon Bay | o San Gregorio | o Loma Mar             |
| o Pescadero     | o La Honda     | o Princeton-by-the-Sea |

**FINANCIAL CLIMATE**

Fiscal constraints are being experienced at all levels within the aging and disabilities networks. Not only are they felt by the County, but by city governments, private non-profits and proprietary agencies alike. The continuing poor state of the economy, coupled with efforts to reduce the federal and state deficits, have resulted in an increasing loss in revenue. Because of the poor housing market, we are losing the additional revenue that would have been generated from the reassessment of homes that have been sold. Years of flat sales tax and vehicle registration fees have also added to the problem. Additionally, efforts to transfer the administration of a variety of programs from the state to the local level, have resulted in some additional revenue shortfalls at the county level. In order to maintain the services that have traditionally existed in San Mateo County, fundraising has become a major focus of agencies within the health and human services network.

## MAJOR TRENDS IN SAN MATEO COUNTY

### **Growth in Population of Seniors and Adults with Disabilities: (Figures 3 and 4)**

As San Mateo County ages, the number of seniors will be greater than the number of children. By the year 2000, the median age is expected to reach 35.2 years of age, as compared to 32.4 years of age in 1980. This trend is expected to continue until there is an upswing in the number of families and younger households moving into this county.

According to the 1990 Census, seniors in San Mateo County numbered 108,660, almost 17% of the County's total population. The Association of Bay Area Governments' 1995 projections show the County's 60+ population at 119,800, a 10.3% increase during the last five years. Within the senior population itself, the largest population growth is expected to be in the 85+ group.

Persons with disabilities currently comprise 18.21% of the county's population (1990 Census). The rise of 2.4% in a five-year period, from an estimated 114,266 in 1988 to a projected 117,000 in 1990, is mainly attributable to the high growth rate in the senior population. This trend will continue, with increases in the senior population having a corresponding impact on the number of persons with disabilities. Major sources of disability include orthopedic impairments, mental retardation, skin and musculoskeletal impairments, respiratory disease, and mental illness. The Institute for Health and Aging estimates that in reality over half of Americans age 65 and over have some form of disability that limits their daily activities.

### **Cultural and Racial Diversity (Figure 5)**

San Mateo County's future includes an increasingly culturally and racially diverse population base. The White (non-Latino) population will continue to decline as we progress towards the year 2000.

Latinos comprise the largest single ethnic population in the County. While representing 17.6% of the total county population, the senior population of 8,076 represents only 7.43% of the senior population. The largest concentrations of Latinos are in the cities of Daly City, South San Francisco, San Mateo, and Redwood City.

The Asian/Pacific Islander population is the fastest growing minority population in this county and currently the second largest ethnic group. There are currently 10,712 Asian/Pacific Island seniors, 9.86% of the senior population. The largest number of Asian/Pacific Islanders reside in the City of Daly City, with other populations in San Mateo and South San Francisco.

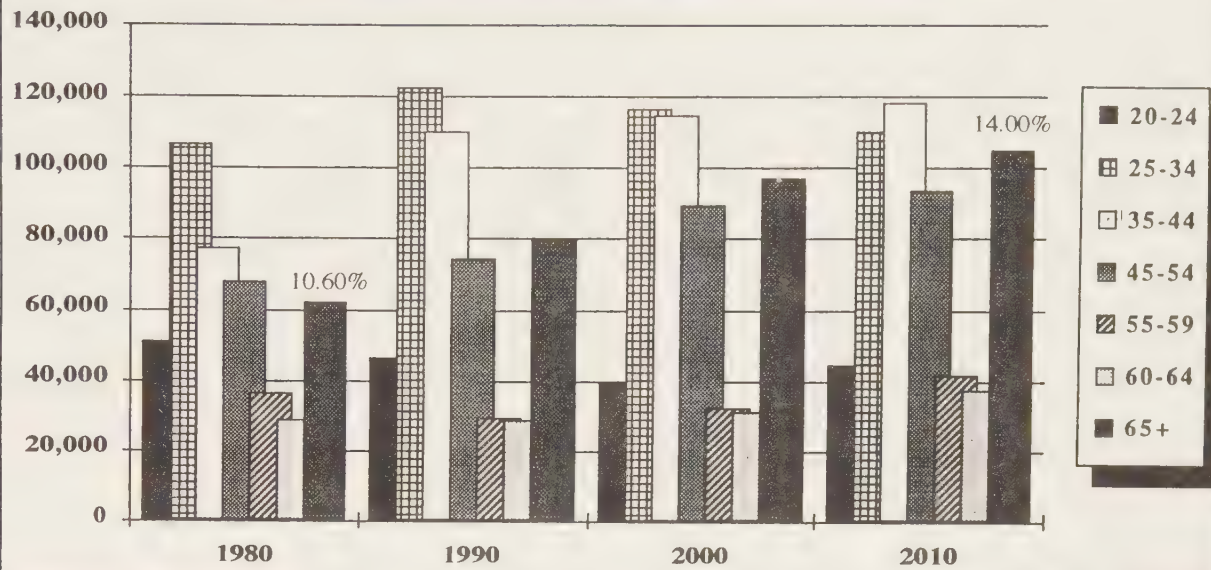
During the last ten years, there has been a slight decrease (.8%) in the African-American population. African-American seniors currently number 3,730 and represent 3.43% of the senior population. As we go into the 21st century, the growth of the African-American population is projected to be flat. The largest concentrations of African-Americans are in the cities of East Palo Alto, Menlo Park, and San Mateo.

Native American seniors number 265, .24% of the senior population. The largest number of Native American seniors reside in the cities of San Mateo, Daly City, South San Francisco, and Pacifica.



**Fig. 3**

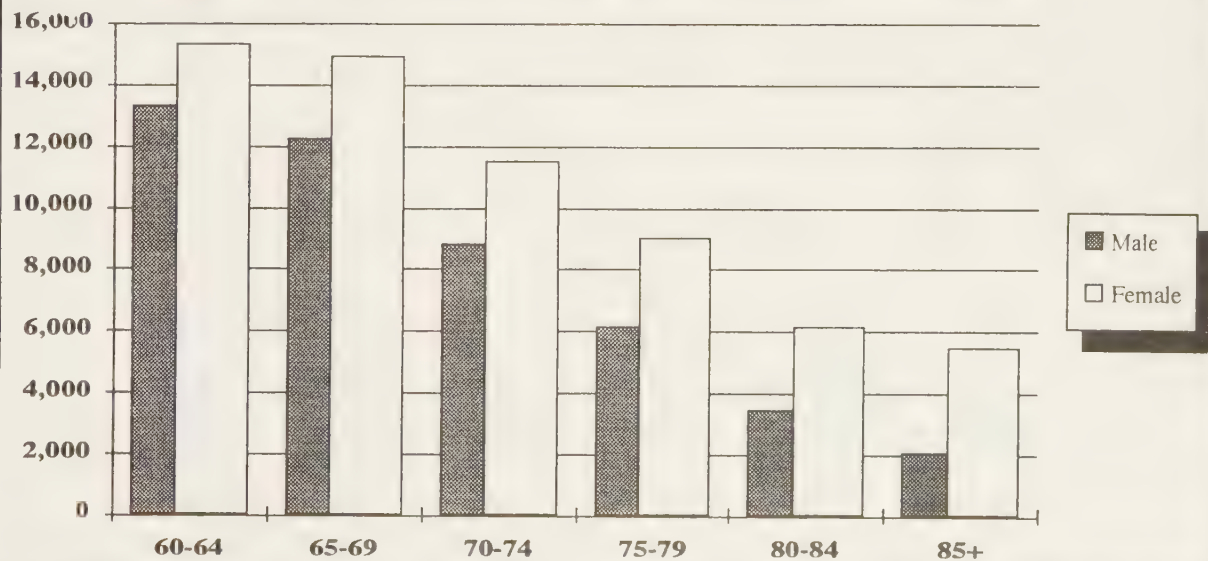
**San Mateo County Adult Population, by Year**



Source: Projections • 1994, ABAG, December 1993

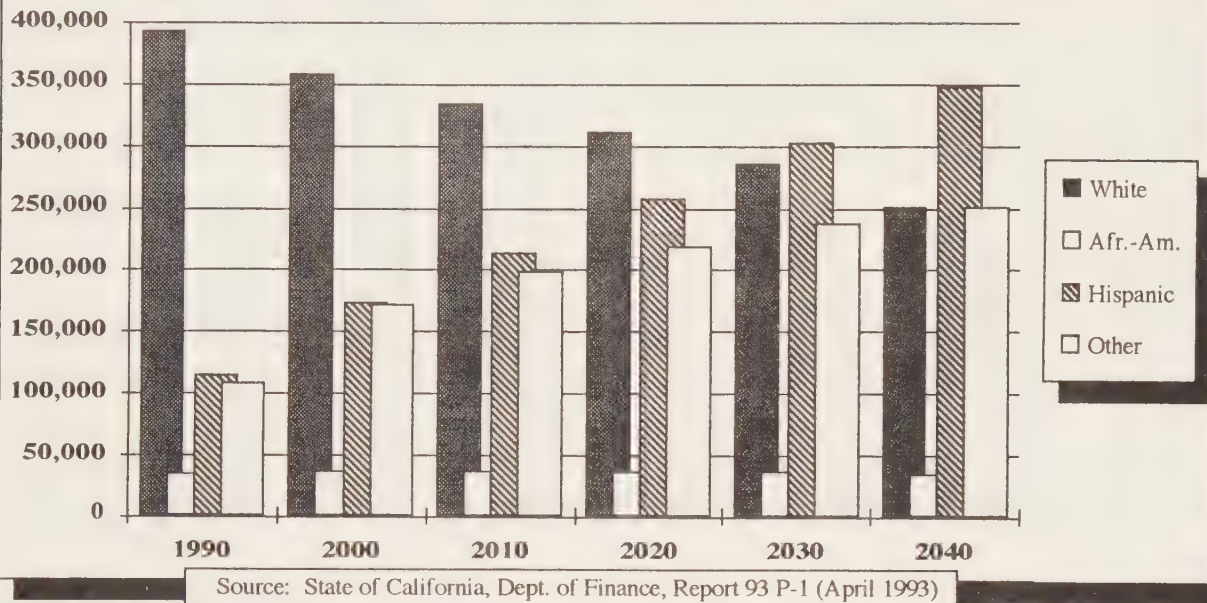
**Fig. 4**

**Population of the Elderly for San Mateo County - 1990**

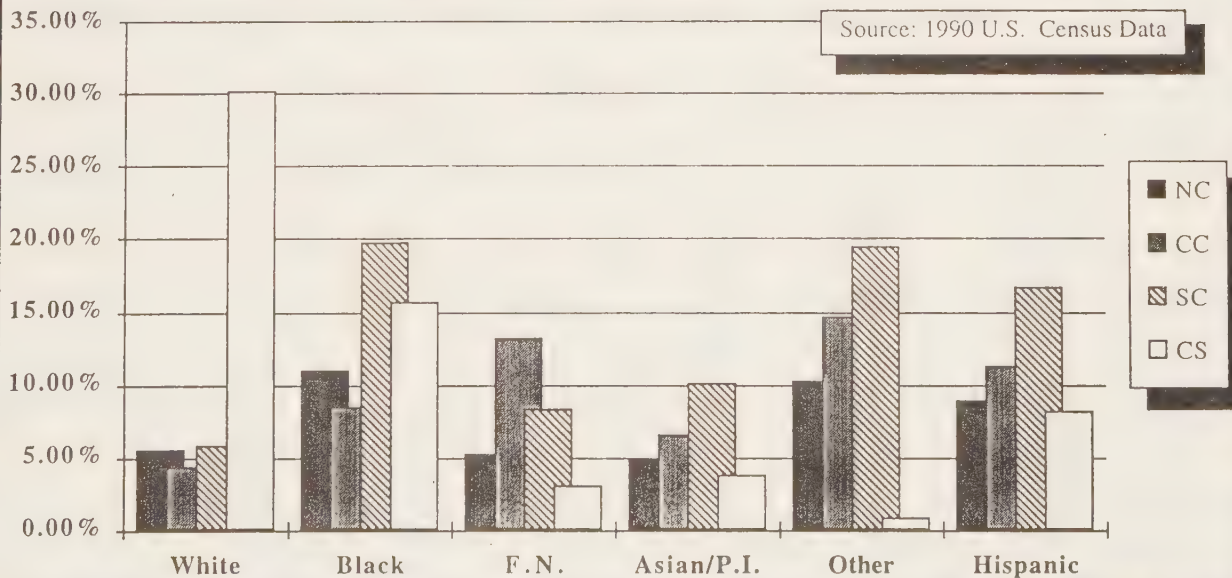


Source: 1990 U.S. Census Data

**Fig. 5 Population Projections by Race/Ethnicity for San Mateo County**



**Fig. 6 % of Adult Population Below Poverty by Race/Ethnicity, by CSA**



**Community Service Areas**

NC North County  
SC South County

CC Central County  
CS Coastside



## **Income (Figure 6)**

While San Mateo County is generally considered a prosperous area, there are still many individuals who are living below the poverty level. The largest concentrations of low income elderly reside in the communities of East Palo Alto, the North Fair Oaks section of Redwood City, Daly City, and South San Francisco. In addition to the wide variety of problems experienced by seniors in general, low income seniors often lack the financial resources to meet basic needs and to utilize available services.

Low income minority seniors are faced not only with those problems resulting from their low income status, but also by cultural and linguistic barriers. Similarly, low income persons with disabilities are faced with problems resulting from their low income status, as well as issues of physical and attitudinal barriers. Individuals from both groups are often not part of the mainstream, may lack knowledge of existing services, and prefer not to participate in what they perceive as welfare programs.

## **MAJOR THEMES**

Throughout our extensive planning process, major themes continued to surface, regardless of the nature of the specific planning activity. These major themes helped us form the philosophy under which our communities will operate.

People want to reside in **safe, accessible, and livable communities** in which they feel secure both at home and in the streets. The basic items that support their independence (i.e. housing, transportation) must be both affordable and accessible. People want to have positive interactions among the various ethnic groups in their community, with acceptance of the special needs and uniqueness of individuals---whether because of race, culture, disability, etc. Communities should be intergenerational, with positive interaction and support among those of different ages, with each individual viewed as a valued member of the community.

We must **foster and sustain healthy lifestyles**, in which people have sufficient financial resources, and feel connected to the community. People need to stay active and may chose to participate in any of a variety of activities- self and group advocacy, employment, community involvement, volunteerism. Health care is a right, not a privilege. It needs to be universal, without restrictions regarding pre-existing conditions. Advances in medical technology have been accompanied by increased costs both in medical care and in the supportive services needed by those who are now living with conditions that require them to seek assistance with their basic care. Seniors and adults with disabilities must have access to those supports that enable them to remain involved and connected with their communities. They need balance in their lives, fulfilling their spiritual, physical, and intellectual needs, while living in harmony with the environment.

The goal of the service delivery system should be **to support and maintain maximum independence and participation in the community** by providing a wide spectrum of integrated services. When individuals are at the point where they need support in order to remain independent, they want to have access to a variety of services that treat them with respect and dignity. Services must be physically accessible, without cultural and language barriers, must operate at locations and during hours that are convenient for the people they are serving. Single access points, through which consumers can access



variety of services without going through a maze of red tape are preferable. Services need to be responsive to the needs of individual consumers and should not be dictated by the source of funding; they need to demonstrate appreciation for cultural, ethnic values and traditions, and accommodate the disabilities that people have. When community-based care is no longer appropriate for an individual, there need to be long-term care options that share the same characteristics as the community-based services mentioned above.

We need to support the **empowerment of seniors and persons with disabilities** by promoting their role as advocates and by increasing their role in the development and implementation of programs that serve them. We need to focus on the individuals and on maximizing their strengths, rather than on identifying their weaknesses or the generalized characteristics of the group. Consumers need to utilize their expertise more effectively and exercise their preference and choice. This change in roles will redefine the relationship of the provider and the consumer, with a shifting away from professionals making decisions for and on behalf of the people they serve.

We need to **be flexible and support change**, when it is appropriate.

We need to **utilize technology** when it enhances communication and access to up-to-date information, enables individuals with disabilities to live more independently and participate more effectively in the community, and when it reduces bureaucracy and paperwork.

**Violence, abuse, and neglect are becoming a growing concern in San Mateo County.** We need to increase public awareness and reporting of abuse, educate the community and professionals, and focus more media attention on the issue. We need to create coordination mechanisms that will improve the identification, investigation and prosecution of offenders.

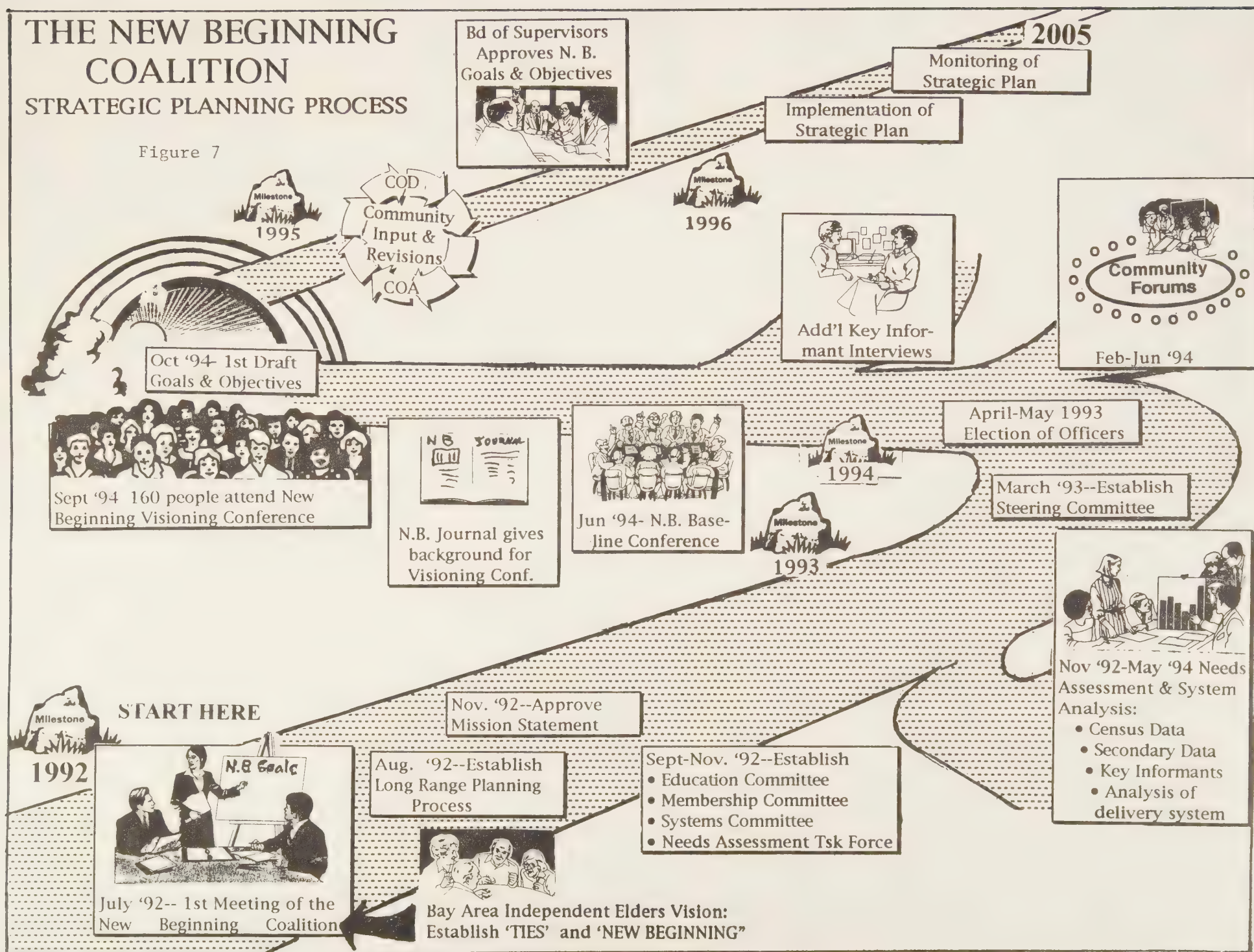
### **III. The Planning Process**





# THE NEW BEGINNING COALITION STRATEGIC PLANNING PROCESS

Figure 7



## DESCRIPTION OF THE PLANNING PROCESS

The Strategic Plan evolved as a result of the Coalition's three-year long dialogue with the community. It included ongoing efforts to identify, reach out to, and engage a broad spectrum of consumers and organizational representatives who reflected the diverse geographic, cultural, and ethnic communities within San Mateo County. The input from those individuals, or stakeholders, formed not only the vision for what we want our future system to look like, but also the roadmap instructing how we will get there.

In July 1992, a group of individuals met to discuss the formation of a countywide coalition that would address the needs of seniors and adults with disabilities residing in San Mateo County. Since there had been several unsuccessful attempts in the past to organize and sustain a coalition, there was a high level of scepticism as to whether it was feasible to start another one. While there was general agreement among consumers and providers that there was a need for such a group to do long-range planning, coordination, and advocacy, there was concern whether, given the climate of competition, agencies could put aside territorial barriers and work toward common goals. While organizations agreed that they wanted to do this, their ability to work as a trusting and cohesive group toward common goals would be something that would evolve over a period of time.

### **Needs Assessment**

In September 1992, a Needs Assessment Task Force began a series of activities to identify the needs of seniors and adults with disabilities in San Mateo County. After reviewing Census data, the group identified, secured, and reviewed copies of reports and studies that had been completed in recent years relating to those two population groups in this county (see Appendix A). Because of a concern that there were communities from which we might not be getting adequate input through participation on the Coalition, from October 1992 through February 1993 and then from May through June 1994, the committee designed and conducted key informant surveys with leaders from those groups that were underrepresented on the Coalition. From February through June 1994, the group conducted a series of community forums throughout the county in order to solicit additional input regarding the needs of seniors and adults with disabilities. In June 1994, Coalition Steering Committee members were joined by a small group of interested Coalition members to review the data that had been collected and to come to consensus about future population demographics for the County.

### **Examination of the Current Delivery System**

In order to determine what changes in the delivery system might be needed in order to meet future needs, the Systems Committee surveyed current providers to see whom they were serving, where there were gaps in service, and to determine barriers that agencies perceived in meeting community needs. This was a large undertaking, as it entailed collecting and analyzing data from a large number of county and community-based organizations. The group had difficulty comparing data, as the data collection methods differed among agencies, and were generally dictated by funding sources. In addition, there were areas in which the data collected by agencies did not give enough information about particular population groups.

Despite the abundance of services and supports that exists in San Mateo County, there are still barriers and gaps in the current system. For many individuals, accessibility to existing services is still an issue.



While the implementation of the Americans with Disabilities Act mandated compliance for a variety of agencies, there are still many buildings and programs that remain inaccessible to individuals with a variety of physical disabilities. Limitations of the current transportation system pose an additional barrier for many seniors who depend on public transportation. The scarcity of staff and volunteers who speak languages other than English continues to be a problem for many seniors and adults with disabilities. As the minority population continues to grow, the ability of programs to serve individuals with diverse linguistic and cultural backgrounds will be an ever-increasing challenge in San Mateo County.

Programs often lack flexibility, and do not center around the needs of individual clients. Oftentimes, the restrictions posed by our bureaucracies limit the ability of individuals to access exactly the services they need. Funding sources often dictate which individuals, of what age group, with what disabilities can utilize a given program. The cost associated with many programs may prevent individuals who are in need from utilizing them.

We haven't fully utilized existing technology, both in providing supports to the consumer and in reducing the burdens of managing the complex system of services. Greater use of automation would reduce unnecessary paperwork to be completed on behalf of the persons we serve, while at the same time providing us with more accurate information about the community we serve.

There are some areas in which the demand for services far outweighs the existing supply. Because of the high cost of housing in the Bay Area, the need for affordable, accessible housing in San Mateo County far exceeds the current inventory. Diminishing public resources require communities to be more creative in both funding and overcoming other barriers to building more housing of this type.

The decrease in funds available to support services for seniors and adults with disabilities has resulted in decreased staffing of many ongoing programs. Providers must rely on volunteers, including consumers of services, to support existing programs.

### **Development of Goals, Objectives, and Action Steps**

While the needs assessment and examination of the current service delivery provided the Coalition with a framework for the designing the ideal delivery system, it was the input from consumers that formed the basis for the goals, objectives, and action steps that were developed.

In September 1995, one hundred-fifty individuals, including county and community-based organizations, as well as a diverse group of consumers, attended a 1 1/2-day Visioning Conference. As a result of that conference, a detailed vision of the ideal community and service delivery system was created (See Appendix F). That vision, along with the input gathered in the two previous phases of the Plan's development, became the basis for the Strategic Plan goals and objectives. Following ratification by the New Beginning Coalition, the Commission on Aging, and the Commission on Disabilities, the Goals and Objectives were brought to the San Mateo County Board of Supervisors for approval and the go-ahead to proceed with the development of action steps to implement the approved goals and objectives.



Representatives from key organizations within the health and human service network were then asked for input on activities that related to the Coalition's Strategic Plan goals and objectives that were in their respective organizational plans. A list of proposed goals and objectives was developed by the Ad Hoc Committee, which consisted of representatives of the New Beginning Coalition, the Commission on Aging, and the Commission on Disabilities. Those objectives reflected all the information gathered by the Coalition in the numerous activities it had been engaged in since its inception in July 1992. From June 22, 1995 to July 21, 1995, the three groups co-sponsored a series of fourteen community forums throughout San Mateo County. The intent of those forums was to go back to the various communities to see if we had accurately understood and incorporated their input and had developed activities that would be effective in reaching the goals we had already agreed upon. As a result of the forums, there were minor modifications and several additions to the objectives, as well as some minor additions and changes to the list of proposed implementation activities. Once again, the product was reviewed and approved by the New Beginning Coalition, the Commission on Aging, and the Commission on Disabilities, and the completed plan was submitted to the Board of Supervisors for its approved in October 1995.

As of September 1995, each of the three organizations, the New Beginning Coalition, the Commission on Aging, and the Commission on Disabilities, were discussing models for coordinating and monitoring the implementation phase of the Plan. A framework will be designed that will ensure that there is a centralized mechanism that will keep track of progress made by the different groups involved in implementing the Plan, that will coordinate Plan-related activities of the different groups to avoid conflicting dates, etc., and will monitor the progress toward achieving specific objectives/action steps and providing regular progress updates.

### **Implementation of the Plan**

Following adoption by the Board of Supervisors, this Plan will proceed into the implementation phase. Because this is a countywide plan, the actual implementation will be shared by a variety of organizations, each playing a role in the ultimate success of the Plan. For that reason, special mechanisms for coordination will be established to ensure that the network is effectively implementing the Plan, according to the timeline that has been established. Leadership responsibilities for each of the objectives within the Plan have been identified. In many cases, those roles are shared by more than one organization. Overall responsibility for ensuring the implementation of the Strategic Plan rests with the County's Commission on Aging and Commission on Disabilities, whose members are appointed to advise the County Board of Supervisors on matters relating to their specific areas of concern.

The San Mateo County Commission on Aging and Commission on Disabilities will be developing individual sets of social indicators for the purpose of monitoring the implementation of the Strategic Plan. Those social indicators will provide an objective, quantitative "snapshot" perspective of the health and well-being of San Mateo County's seniors and adults with disabilities.

The use of social indicators is part of a trend to measure the impact of public investment in human services. Instead of focusing on what we are doing and if we are doing it well, we will be demonstrating objectively the results of our interventions and whether they truly have a positive impact and are improving the quality of life of this county's seniors and adults with disabilities. We will measure

whether the network of services and programs is doing the right thing, rather than if they are doing the thing right.

Social indicators will be used to identify service and advocacy needs. They will provide us with a countywide data base which will be used in various planning activities and will be the basis for policies and programs which promote the well-being of each population group. Social indicators will assist us in determining how scarce public resources, both financial and human, should and will be allocated in future years.

### **HOW WILL THE IMPLEMENTATION OF THE PLAN BE FINANCED?**

Because the Strategic Plan is a countywide community plan, the financial burden of implementation will be shared by a variety of public and private agencies. The adoption of the Strategic Plan will result in the reprioritization of existing resources by the Plan's stakeholders, and their reallocation to newly-established priorities. Much of the implementation will involve a restructuring of current programs, including a more flexible use of existing resources and a greater role for consumers in planning and program implementation. Where additional financial resources are needed, the Coalition will work in partnership with the County and community-based organizations to identify potential resources and to support requests for funding.





## IV. Goals, Objectives, & Action Steps

### Key

NBC	New Beginning Coalition
COA	Commission on Aging
COD	Commission on Disabilities
AAS	Aging and Adult Services
Depts	Cooperating city and County departments
Depts-1	County Health Services Agency
Leg	Cooperating legislative offices
Prov	Cooperating service providers
Prov-1	Catholic Charities (Ombudsman)
Prov-2	SamTrans
Fnd	Funders
Ed	Educational institutions
Media	Media
All	All of the above



## Strategic Plan Stakeholders

<b>Goal 1- Respecting the consumer &amp; the consumer self-help movement</b>	Aging & Adult Services, New Beginning Coalition, self-help organizations & support groups, Center for the Independence of the Disabled, community-based organizations (including senior centers), advocacy groups, neighborhood groups, churches, Family Caregiver Alliance, Peninsula Humane Society, libraries, pet programs, friendly visiting programs, homeowner associations, police departments, ACTION, Mental Health providers, computer networks (i.e. Senior Net), adult education, law enforcement, and hospitals
<b>Goal 2- Greater discretion, more flexibility, fewer funding constraints</b>	Aging & Adult Services, Network of Adult Day Services, Commission on Aging, Commission on Disabilities, Peer Counseling, Health Plan of San Mateo, service providers
<b>Goal 3- Greater social inclusion &amp; independent living</b>	City and County Americans with Disabilities Act coordinators, Commission on Aging, Commission on Disabilities, universities, senior centers and other community-based organizations serving seniors & adults with disabilities, consumer advocacy groups, Age Center Alliance, Golden Gate Regional Center, technology groups from Silicon Valley, hospitals, telecommunications providers (i.e. PacBell, AT&T), shopping assistance programs, libraries, Peer Counseling
<b>Goal 4- Honoring &amp; sustaining our growing population of seniors</b>	Commission on Aging, Commission on Disabilities, Aging & Adult Services, Health Services Agency, libraries, senior centers, universities, hospitals, neighborhood groups, SamTrans, planning departments (County & city-based), media, housing providers (especially affordable housing) volunteer programs (Volunteer Center, RSVP), consumer-based advocacy groups, Golden Gate Regional Center, IHSS Public Authority, geriatric services, churches, Peer Counseling, core service agencies, AML, mental health providers
<b>Goal 5- Respecting our diversity</b>	Universities, community-based minority organizations, Aging & Adult Services, Commission on Aging, Commission on Disabilities, cities, libraries, New Beginning Coalition, Peer Counseling, Hispanic Concilio, media/minority media, Fil-Am Council of San Mateo Co., Fil-Am Veterans New Arrivals, Organization of Chinese Americans, San Mateo Japanese American Citizens League, Self-Help for the Elderly, volunteer groups
<b>Goal 6- Creating safer, more accessible, more livable communities</b>	Center for Independence of the Disabled, law enforcement, fire departments, senior centers, neighborhood groups, Office of Emergency Services, Health Services Agency, Aging & Adult Services, Commission on Aging, Commission on Disabilities, Red Cross, cities, SamTrans, hospitals, schools, Golden Gate Regional Center, Paratransit Coordinating Council, media, Housing Authority, cities and County, the Disaster Preparedness Coalition, countywide disaster/emergency preparedness planning groups, Coastal Commission, Environmental Health, volunteer agencies, core service agencies, city disaster offices
<b>Goal 7- Advancing local health care &amp; health promotion initiatives</b>	Hospitals, clinics, health educators, prevention & promotion programs, Health Services Agency, Red Cross, police & fire departments, paramedic/emergency medical services, Commission on Aging, Commission on Disabilities, Health Plan of San Mateo, medical schools & training centers, Spanish & English Peer Counseling programs, state and local legislators on health care reform issues
<b>Goal 8- Monitoring &amp; improving community-based services &amp; supports</b>	Commission on Aging, Commission on Disabilities, Aging & Adult Services, New Beginning Coalition, Community Information Program, United Way, County Planning Department, funders (i.e. Peninsula Community Foundation), Golden Gate Regional Center, city planning departments, media, paratransit providers, discharge planners, local community service area planning groups
<b>Goal 9- Preventing violence, abuse, and neglect</b>	Aging & Adult Services, Commission on Aging, Commission on Disabilities, Catholic Charities, Legal Aid, law enforcement, Center for Abuse Prevention, Senior Focus, Golden Gate Regional Center, banks, PG&E, utilities, Hispanic Peer Counseling, senior centers, emergency rooms/medical providers, neighborhood groups, legislative offices, churches, Catholic Charities, local and statewide bilingual agencies, Jewish Family & Children's Services



# Goal 1: Respecting the Consumer and the Consumer Self-Help Movement

*To create a network of services and supports which respects the role of the consumer and which incorporates the values of the self-help movement*

Objective	Activities	Leadership Role	Timeline
1 To invite advocates and representatives of the consumer self-help movement to identify areas of common ground with the New Beginning Coalition, and to join forces around goals in the Strategic Plan common to both	1. Define self-help and identify local groups that fall into the self-help category	NBC	
	2. Develop and disseminate a comprehensive list of local advocates and representatives of self-help movement	NBC	FY 95-96
	3. Develop a comprehensive list of self-help groups and their services and distribute it together with the New Beginning Coalition goals and objectives to providers	NBC	
2 To encourage agencies and organizations participating in the New Beginning Coalition to reevaluate the role of consumers in planning and program decisions and identify ways that consumer self-help efforts can be integrated into their services	1. Publicize positive experiences of agencies that have used consumers in planning and program decisions. Cite model programs.	NBC/COD/COA/Prov	
	2. Schedule presentations of model programs at New Beginning Coalition meetings	NBC	FY 95-96
	3. Survey how many agencies have implemented programs to involve consumers as a result of presentations at the Coalition meetings	NBC	
	4. Develop person-centered planning within agencies serving seniors and adults with disabilities	AAS/Prov	
3 To conduct an annual survey of agencies serving seniors and adults with disabilities to document: - shifts from professional and agency decision-making on behalf of consumers toward shared decision-making incorporating consumer choice and preference - increased involvement of volunteers, seniors, and persons with disabilities in agency planning, operational policy, and program decisions	1. Develop and send out a survey to a targeted list of organizations to document positive changes in these areas	NBC/COA/COD	
	2. Review input from survey to identify which objectives need to be re-emphasized or modified to effectively meet goals related to consumer involvement	NBC/COA/COD	FY 96-97
4 To encourage established neighborhood groups (such as Neighborhood Watch) to visit and extend neighborhood volunteer support to isolated or vulnerable seniors and adults with disabilities in the neighborhood	1. Identify neighborhood groups within each community service area and the services they provide	COA/COD	
	2. Survey police departments, homeowner associations, friendly visiting programs, libraries, churches, pet programs, and the Humane Society to identify the range of services they provide within each community service area	COA/COD	
	3. Educate neighborhood groups on the needs of isolated and vulnerable seniors and adults with disabilities and existing services through presentations and resource packets (including information on the TIES line and the Help At Home Directory)	COA/COD	FY 96-97
	4. Coordinate materials and information to support the network of neighborhood groups in serving vulnerable seniors and adults with disabilities through the dissemination of resource packets (including information on the TIES line and the Help At Home Directory)	COA/COD	

5 Sponsor a meeting among representatives from San Mateo County and representatives of the Federal administration to advocate for the development of a community service corps which utilizes the talents of retired adults and seniors in serving seniors and adults with disabilities	1. Get update from Feds regarding service corps programs and available funding	AAS	
	2. Identify who is currently operating this type of program - look at programs run by universities and medical schools - look at models in minority communities - look at intergenerational programs - look at programs that include persons with disabilities	AAS	
	3. Schedule a meeting with these groups to learn more about what community service corps can do to meet the needs of seniors and adults with disabilities	AAS	FY 97-98
6 To develop and implement a national demonstration project for a community service corps for seniors and adults with disabilities within San Mateo County	(Contingent on outcome of Objective .5)	AAS	FY 97-98
	1. Examine potential of existing program(s) to serve unmet needs 2. Identify other options to fund a new community service corps program(s) to serve unmet needs	AAS	
7 To expand the role of peer support and peer counseling within agencies serving seniors and adults with disabilities in San Mateo County	1. Identify organizations that have a peer counseling component and the services they provide	COA/COD	
	2. Identify what needs are not currently being met that could be met by peer support/peer counselors	COA/COD	
	3. Identify and disseminate to providers what specific types of training are available for peer counselors and who provides training	COA/COD	
	4. Provide written material and presentations to service providers and consumers on the important role and effectiveness of peer support/peer counseling in providing support to clients	COA/COD	FY 95-96
	5. Provide technical assistance to agencies interested in developing a peer support/peer counseling component	COA/COD/ AAS	
	6. Convene meetings of agencies providing peer support/peer counseling in order to encourage coordination and information sharing	COA/COD AAS	
8 To promote the effective use of volunteers and consumers to augment services provided by community-based organizations serving seniors and adults with disabilities	1. Survey agencies to document the use of volunteers and consumers in providing services to seniors and adults with disabilities	COA/COD	
	2. Develop and disseminate a comprehensive package of resource material on the effective use of consumers and volunteers	AAS	
	3. Schedule a semi-annual meeting to educate organizations on the effective use of volunteers and consumers and to encourage coordination and information sharing	AAS/COA/ COD	FY 95-96
	4. Explore the feasibility of establishing incentives (i.e. tax credits) to promote and maintain volunteer support	AAS	
	5. Advocate for implementation of incentive program to promote and maintain volunteer support	COA/COD	
	6. Acknowledge programs that utilize consumers and volunteers in providing service in communications that go out to the community (i.e. newsletters, calendars)	COA/COD/ AAS/Prov	

<p>9 To explore the feasibility of establishing a consumer-linked computer network for seniors and adults with disabilities to access existing networks, to augment some case management functions, and to improve direct access to services and information</p>	<ol style="list-style-type: none"> <li>1. Determine consumer need for a computer network</li> <li>2. Determine what resources/networks consumers currently have access to</li> <li>3. Form screening committee to examine existing programs and to evaluate potential for establishing a consumer-linked computer network</li> </ol>	<p>Prov Prov Prov</p>	<p>FY 97-98</p>
<p>10 If feasible, to develop and implement a consumer-linked computer network for seniors and adults with disabilities to access existing networks, to augment some case management functions, and to improve direct access to services and information</p>	<ol style="list-style-type: none"> <li>1. Identify what would be needed to provide direct link-up to existing networks</li> <li>2. Identify which system seems the most feasible for providing computer access</li> </ol>	<p>Prov Prov</p>	<p>FY 98-99</p>



**Goal 2: Greater Discretion, More Flexibility, Fewer Funding Constraints**

*To provide the services and supports needed by seniors and adults with disabilities without regard to diagnosis, disability, age, or source of funding*

Objective	Activities	Leadership Roles	Timeline
.1 Develop and implement a model program (Long-Term Supportive Services Program) that has the discretion to utilize a variety of Federal and state funds in a way that provides the specific services needed by individual seniors and adults with disabilities	1. Create administrative framework <ul style="list-style-type: none"> <li>- Secure legislative and regulatory authority to flexibly use a variety of funds that were previously earmarked for restricted purposes (such as for a particular age group, disability, or service)</li> <li>- Conduct a study to determine the economic feasibility of implementing the program in San Mateo County</li> <li>- Determine gaps in current service delivery system and what new services are needed</li> <li>- Develop a menu of services to be provided and establish reimbursement rate for service providers</li> <li>- Implement model project in three phases:               <ol style="list-style-type: none"> <li>Medi-Cal funded programs</li> <li>Medicare, Transportation (Paratransit), Older Americans Act, and Rehabilitation funds</li> <li>Funding for developmental disabilities and regional centers</li> </ol> </li> <li>- Evaluate program effectiveness</li> <li>- Work with Network of Adult Day Services and California Association of Adult Day Services to advocate for a single state agency to administer all levels of adult day care and to establish reimbursement rates for each level of adult day care, based on the needs and abilities of the consumer and the appropriate level of care needed to meet those needs</li> </ul>	AAS	FY 95-96
.2 Create a system for the delivery of services	1. Execute contracts with providers, based on a set reimbursement rate for each individual consumer served by the program, regardless of the mix of services selected by the consumer	AAS	FY 96-97
.3 Provide consumers with the opportunity to select needed support from a menu of services	1. Explore models for greater client choice in selecting support services <ul style="list-style-type: none"> <li>- Schedule presentations by model programs at New Beginning Coalition</li> </ul> 2. Create policies and procedures for consumer selection of services 3. Facilitate training of agencies on how to implement consumer selection of services from a menu of services 4. Educate consumers about choice options 5. Implement consumer selection process	AAS  AAS AAS  AAS/Prov AAS/Prov	FY 96-97

**Goal 3: Greater Social Inclusion and Independent Living**



*To provide a network of services and supports that sustains independent living and promotes full participation in the community in which people choose to live and work*

Objective	Activities	Leadership Role	Timeline
.1 To reduce the physical barriers that prevent individuals from enjoying maximum independence and participation in the community	1. Increase the number of seniors and adults with disabilities who are involved in activities regarding the implementation of the Americans with Disabilities Act (ADA) by: <ul style="list-style-type: none"> <li>- developing and disseminating educational material about the ADA to consumers</li> <li>- identifying and disseminating information about existing disability planning/advocacy groups to consumers</li> <li>- making educational presentations about the ADA and accessibility at public meetings</li> </ul>	COD/AAS	FY 95-96
	2. Publish and disseminate an annual report on the progress in implementing the ADA in San Mateo County, highlighting the noteworthy achievements of specific organizations and communities	COD/AAS	
	3. Develop timelines for the removal/reduction of barriers for buildings, jobs, parks, sidewalks, transporters, traffic signals (timing of), etc.	COD/AAS	
	4. Educate professionals by placing informational articles on the ADA in newsletters and/or professional publications	COD/AAS/ Depts/Prov	
	5. Schedule all public meetings at accessible locations; highlight accessibility (i.e. for hearing-impaired, wheel chairs, etc.) on all meeting notices and invitations	COD/AAS/ Depts/Prov	
	6. Improve access for the hearing-impaired by providing assistance such as sign language interpreters, assistive listening devices, effective loud speaker systems, etc.	COD/AAS/ Depts	
	7. Develop criteria for evaluation of progress in meeting this goal	NBC/COA/ COD	
	8. Convene meeting of ADA coordinators network (city and County ADA coordinators) to share information and progress in meeting ADA goals	COD/AAS/ Depts	
	9. Provide consultation to Sam Trans and its contractors on issues relating to train, bus, and station accessibility	COA/COD/ AAS	
.2 To reduce attitudinal barriers which are obstacles to maximum independence and full participation in the community by seniors and adults with disabilities	1. Organize community forums designed to change attitudes and behaviors and raise public awareness about how stigma, stereotyping, and other forms of prejudice can devalue some seniors and adults with disabilities	COA/COD	FY 95-96
	2. Develop a committee that will be responsible for developing a positive media campaign <ul style="list-style-type: none"> <li>- Develop and distribute positive public relations material regarding seniors and adults with disabilities for distribution to local newspapers, radio, and TV stations</li> <li>- Develop positive responses to negative stories about seniors and persons with disabilities</li> <li>- Develop a means for monitoring and reporting to the public the positive and negative media portrayal of seniors and adults with disabilities</li> </ul>	COA/COD/ Media	



	<ol style="list-style-type: none"> <li>3. Organize a highly-publicized event in which prominent community leaders and celebrities trade places for a day with seniors and adults with disabilities</li> <li>4. Participate in teleconferences and other educational forums about this issue</li> <li>5. Wherever possible, coordinate activities celebrating Older Americans month together with activities for adults with disabilities</li> <li>6. Implement sensitivity training/disability awareness program in which students "shadow" staff working with aging and disability issues</li> <li>7. Develop annual media award that recognizes media individuals and/or entities that portray seniors and adults with disabilities in a positive light</li> <li>8. Promote positive images of aging through community events and contests that feature seniors</li> <li>9. Develop linkages amongst service providers in the planning and implementation of community events/forums</li> </ol>	COA/COD  COA/COD COA/COD COA/COD/ Prov/Ed Media COA/COD/ Media/Prov COA/COD/ Prov	
3 To conduct an annual survey of agencies serving seniors and adults with disabilities which documents agency practices in the area of: - increases in services provided in the home setting - activities that enhance the ability of family members, friends, neighbors, church groups, etc. to assist seniors and adults with disabilities with activities of daily living	<ol style="list-style-type: none"> <li>1. Develop and implement a survey of agencies in the aging and disabilities network - survey shall be included as a part of Aging and Adult Services contracting package - survey shall be sent to agencies that do not contract with Aging and Adult Services</li> <li>2. Compile and disseminate results of survey, highlighting accomplishments of providers</li> </ol>	COA/COD  COA/COD AAS	FY 96-97
4 To develop and implement educational programs for agency staff at all levels, volunteers, board members, and program participants that will increase understanding of how agency practices can enhance client independence and participation in the community	<ol style="list-style-type: none"> <li>1. Convene meetings of agencies in the aging and disabilities network to share information about agency practices and resources and to encourage agencies to network and share effective strategies</li> <li>2. Develop and disseminate resource material to interested agencies</li> <li>3. Develop a series of educational presentations for each community service area on "Aging in Place", featuring consumers discussing their experiences</li> <li>4. Develop materials that will dispel consumer fears and obstacles in consideration of alternative housing resources and emphasize opportunities for prolonged independence</li> </ol>	NBC  NBC NBC/COA/ COD NBC/COA/ COD	FY 95-96
5 To establish a task force that will explore the potential for new product development and pilot testing of products to enhance the independence and quality of life for persons with disabilities	<ol style="list-style-type: none"> <li>1. Facilitate technology fair and review information on new products on a regular basis.</li> <li>2. Survey agencies to see what information is currently available on new products or on products that are need by do not currently exist</li> <li>3. Determine what information needs to be included in existing databases.</li> <li>4. Facilitate arrangements with companies to test products that have the potential of enhancing the quality of life for persons with disabilities, etc.</li> </ol>	COA/COD/ Ed COA/COD/ Ed COA/COD/ Ed COA/COD/ Ed	FY 95-96
6 Provide greater access to employment and recreation opportunities for seniors and adults with disabilities	<ol style="list-style-type: none"> <li>1. Educate the community, employers, and participants</li> <li>2. Advocate for recognition and inclusion of the seniors and adults with disabilities in policy development and planning in the areas of recreation and employment</li> </ol>	COA/COD/ Ed COA/COD/ Ed	FY 95-96



.7 Provide improved access to affordable and accessible housing	1. Keep officials apprised of the need within each community 2. Advocate for creation of new units and maintenance of existing units of affordable and accessible housing	COA/COD COA/COD	 FY 95-96
.8 Explore intergenerational issues (i.e. caregiving by grandparents) and develop strategies to improve the quality of life	1. Promote activities that will increase respect, understanding, and cooperation between generations 2. Provide support to grandparents who are caring for their grandchildren (i.e. respite to attend meetings and programs)	COA/COD/ Prov COA/COD/ AAS/Prov	 FY 95-96
.9 Keep apprised of developments within the Mental Health network towards local implementation of an Integrated Services Agency demonstration project in San Mateo County and identify areas for joint planning and coordination	Contingent on implementation of Integrated Services Agency project in San Mateo County. Action steps to be developed at that time		

**Goal 4: Honoring and Sustaining Our Growing Population of Seniors**

*To provide a network of services, programs, and supports that enables seniors to remain independent, to reside safely in their homes, and to participate fully as valued members of their communities*

Objective	Activities	Leadership Roles	Timeline
1 To improve the coordination of the existing leadership base of seniors and adults with disabilities on planning and policy groups relating to issues of significance to those groups	1. Develop, update regularly, and disseminate a matrix of planning and policy-making groups relating to affordable housing, re-zoning, shared housing and second units, public transportation and paratransit services, and employment programs for seniors and adults with disabilities, and the seniors and disability advocates who sit on them	COA/COD	
	2. Organize a phone tree and speakers bureau that will respond quickly to local and County agenda items that impact the independence of seniors and adults with disabilities and their participation in the community	COA/COD	FY 95-96
	3. Utilize technology (i.e. computers) to improve access to information	COA/COD/ AAS	
	4. Utilize a variety of means of communication to reach these groups (i.e. radio announcements)	COA/COD/ Leg	
2 To increase the participation of seniors, adults with disabilities, leaders of ethnic communities, and consumers in health care planning advocating for: - increased funding of services that enable seniors and adults with disabilities to remain living in their homes - services that are responsive to the needs of our culturally diverse community - greater opportunity for choice by consumers	1. Develop a group of senior volunteers (i.e. through churches) who will provide respite for caregivers so they can participate in those types of activities	NBC/COA/ COD/Prov	
	2. Determine an area/common areas of interest/joint projects and convene meetings around those subjects	NBC/COA/ COD	
	3. Provide material in appropriate languages for those who are non-English-speaking	NBC/COA/ COD	FY 95-96
3 To expand the base of volunteers who provide support to seniors	1. Identify geographic areas and programs needing volunteer support	COA/COD/ AAS/Prov	
	2. Implement neighborhood-based volunteer recruitment campaigns through TV, radio, local media	COA/COD/ AAS/Prov	FY 96-97
	3. Identify and disseminate information about resources for volunteer skills enhancement and coordination	AAS/Prov	
	4. Recognize and reinforce participation in volunteer activities at County and community levels through recognition events and publicity	COA/COD/ AAS/Prov	
4 To include seniors, adults with disabilities, leaders of ethnic communities, and consumers in planning, advocacy, and monitoring activities within each community service area	1. Work with local planning groups to develop and implement a plan for each community service area	COA/COD/ Depts/Prov	FY 95-96

**Goal 5: Respecting our Diversity**

*To ensure that the network of services and supports for seniors and adults with disabilities reflects an understanding of and respect for this county's cultural and racial diversity and is free of ethnic, cultural, and/or language barriers to utilization of services*

Objective	Activities	Leadership Roles	Timeline
1 To foster increased understanding of and respect for the cultural diversity that exists in San Mateo County	1. Work with ethnic organizations, educational institutions, and other appropriate individuals and organizations to develop materials and conduct workshops for agency staff and volunteers on the influence of race and culture on seniors and adults with disabilities	All	
	2. Direct service, support, and management staff of Aging and Adult Services, and all agencies contracting with Aging and Adult Services will be required to receive cross-cultural training	AAS/Prov	
	3. Volunteers within Aging and Adults Services, and volunteers and board members of agencies contracting with Aging and Adult Services will be required to receive cross-cultural training	AAS/Prov	FY 95-96
	4. Employees and volunteers of provider organizations will have the language capability (or access to interpreters) and knowledge of the culture(s) of the people they are serving	All	
2 To promote the selection of a more diverse leadership within the provider network of services to seniors and adults with disabilities	1. In coordination with leadership from our diverse communities, develop a mechanism for identifying individuals who are willing to serve on agency boards, public commissions, and advisory committees	All	
	2. Encourage governing boards of private non-profit agencies and advisory boards of public and private non-profit agencies to develop and implement plans that will provide the means for their membership to reflect the diversity they serve by developing and disseminating educational and resource material that will assist them in recruitment and selection	All	FY 95-96
3 To invite consumers, professionals, and providers involved in the Latino, African-American, Native American, and Asian/Pacific Island communities to plan and implement changes in the way services and supports are organized and delivered in order to be more culturally sensitive and acceptable	1. Co-sponsor a series of community forums targeting representatives of major ethnic groups in this county, for the purpose of soliciting input on the implementation of the Strategic Plan	NBC/COA/COD	
	2. Distribute surveys to key stakeholders in community-based organizations serving the minority community to solicit input regarding action steps	NBC	FY 95-96



**Goal 6: Creating Safer, More Accessible, More Livable Communities**

*To mobilize the leadership and energy of seniors and adults with disabilities to create and sustain safer, more accessible, and more livable communities*

Objective	Activities	Leadership Roles	Timeline
1 To convene groups of seniors, adults with disabilities, fire departments, paramedics, public safety, and disaster preparedness planners within each community service area to develop and implement local plans that will ensure the safety of isolated and vulnerable residents	1. For each of four community service areas: - develop a comprehensive list of individuals and agencies providing services to seniors and adult with disabilities, and invite them to participate on local planning group - Convene local planning group * Develop and distribute a matrix of organizations, the services they provide, and their target population to participants in local planning group * Identify tasks to be undertaken during emergencies * Identify agencies currently responsible for specific tasks * Identify unmet needs * Identify vulnerable individuals + Individual agencies will develop and update lists of vulnerable individuals + Develop coordinated plan for contacting individuals who are at-risk during emergencies	COA/COD	FY 95-96
2 To assure that existing neighborhood-based programs for disaster preparedness or crime watch identify and include in their strategic plans the needs of isolated and vulnerable seniors and adults with disabilities	1. For each community service area: - Develop and disseminate educational material on the needs of vulnerable seniors and adults with disabilities - Develop and disseminate a comprehensive list of existing neighborhood-based programs involved in disaster preparedness or crime watch programs - Provide technical assistance to neighborhood-based programs on: * identification of emergency needs of vulnerable adults * development of plans for monitoring the vulnerable individuals they serve and plans for providing services to support them, especially during emergencies * development of strategies for involving vulnerable seniors and adults with disabilities in neighborhood-based programs	AAS	FY 95-96
3 To help organize new disaster preparedness or crime watch neighborhood-based organizations which include in their strategic plans the needs of isolated and vulnerable seniors and adults with disabilities	1. In each community service area: - Identify geographic area(s) not covered by disaster preparedness or neighborhood-based crime watch programs * Identify which unmet needs and communities want to start programs * Identify existing resources in those areas * Identify where new resources are needed * Implement community education program on preparedness for vulnerable individuals (see objective 6.2)	AAS	FY 96-97

<p>4 To identify funding for &amp; implement a program which will provide volunteer escorts for seniors and adults with disabilities who need to walk or travel during evening hours or through areas in which they do not feel safe</p>	<p>1. Identify geographic area(s) needing this type of program</p> <ul style="list-style-type: none"> <li>- Convene general meeting to discuss concept</li> <li>- Convene follow-up meeting with agencies in areas needing this type of program</li> <li>* Identify and invite potential local resources (i.e. police auxiliary, walking clubs, service and health clubs, schools, FISH, Love Inc., and local churches) to participate</li> <li>* Study similar types of programs in other areas</li> <li>* Develop program design and identify potential sponsor of program</li> <li>- Survey foundations for interest in and history of funding related programs</li> <li>- Identify agency/individual to write proposal</li> <li>- Submit proposal(s)</li> <li>- Secure funding</li> <li>- Implement program</li> </ul>	AAS	FY 96-97
<p>5 To develop and implement an accessible transportation system which:</p> <ul style="list-style-type: none"> <li>- recognizes access to services as crucial;</li> <li>- recognizes transportation as an integral component of the service delivery system; and</li> <li>- includes new and innovative transportation services for seniors and adults with disabilities</li> </ul>	<p>1. Include SamTrans staff in the planning of programs/services for seniors and adults with disabilities</p> <p>2. Schedule presentations on goals/objectives and other related issues for Sam Trans ADA Technical Advisory Committee and other appropriate advisory bodies</p> <p>3. Develop and implement travel training program to help individuals learn how to use the bus system</p> <p>4. Identify and train groups of individuals who need to learn how to use the bus system</p> <p>5. Explore the feasibility of using agency staff and/or trained volunteers to be travel trainers</p> <p>6. Develop peer trainers for travel training program</p> <p>7. Schedule presentations by SamTrans to New Beginning Coalition on innovations, etc.</p> <p>8. Target surveys to identify unmet transportation/paratransit needs to participants in programs serving adults with disabilities, and who are not current users of SamTrans' paratransit services</p> <p>9. Implement peer advocate program for transportation</p>	<p>COA/COD/ AAS/Prov NBC/COD</p> <p>Prov-2</p> <p>Prov-2</p> <p>Prov-2</p> <p>Prov-2 NBC</p> <p>COA/COD</p> <p>COD/Prov</p>	FY 95-96

**Goal 7: Advancing Local Health Care and Health Promotion Initiatives**

*To establish local prevention programs and interventions that help the underserved while sustaining pressure for national health care reform*

Objective	Activities	Leadership Roles	Timeline
1. To convene a workshop for the purpose of developing a model program for wellness, health promotion, and community health care targeting seniors and/or adults with disabilities	1. Develop a mailing list of current wellness providers, health care agencies, and other providers serving seniors and adults with disabilities	NBC	
	2. Invite above agencies and other key stakeholders to a meeting to: - identify existing wellness programs, their target populations, and the range of services provided - identify and prioritize unmet needs (i.e. alcohol and drug prevention) - reach consensus on the basic design of a model program - develop strategy for further planning, resource development, and implementation of model program	NBC/Prov/Depts/Ed	FY 97-98
	3. Provide technical training and assistance on minority health and cultural issues	Depts-1	
2. To identify and secure a source of funding for the operation of the model program listed above	1. Explore funding options 2. Develop and submit proposal(s) for funding of program	Prov/Dept Prov/Dept	FY 97-98
3. To use the mailing list from the New Beginning Coalition and other health promotion agencies to alert consumers and agencies to public education forums and events addressing the issues of health care reform	1. Develop strategy for coordinating and disseminating information to organizations that will distribute information to their constituencies - Develop a comprehensive list of agencies that have agreed to disseminate information to individuals on their mailing lists	NBC/COA/COD	FY 97-98
	2. Coordinate with Latinos for a Healthier California, a policy development group addressing national health care reform and supporting the needs of underserved populations	Prov/Depts	
4. To organize a series of workshops for providers, consumers, and organizations serving seniors and adults with disabilities to explore new ways of providing health care services	1. Develop a mailing list of current wellness providers, health care agencies, and other providers serving seniors and adults with disabilities	NBC	
	2. Invite above agencies and other key stakeholders to a meeting to: - identify existing programs, their target populations, and the range of services provided - identify and prioritize unmet needs - reach consensus on the basic design of a model program - develop a strategy for further planning, resource development, and implementation of model program	NBC/Depts/Prov/Ed	FY 96-97
	3. Provide health care information in appropriate and accessible formats (i.e. pictures for those who have limited reading ability)	Prov/Depts	



**Goal 8: Monitoring and Improving Community-based Services and Supports**

*To promote the involvement of consumers, providers, and advocates in the ongoing process of monitoring and improving the network of community-based services for seniors and adults with disabilities*

Objective	Activities	Leadership Roles	Timeline
1 To conduct a retreat involving the leadership of the New Beginning Coalition, the Commission on Aging, and the Commission on Disabilities to define the roles each will play in the implementation of the Plan	1. The respective missions and roles of the New Beginning Coalition, the Commission on Aging, and the Commission on Disabilities will be defined at a joint meeting of the New Beginning Coalition Steering Committee and the executive committees of the Commission on Aging and Commission on Disabilities	NBC/COA/COD	FY 95-96
2 To develop and promote the use of standardized data collection methods for all programs serving seniors and adults with disabilities in order to improve planning and monitoring of services throughout the county	1. Allocate available funding to contract providers for computer system upgrade and capacity building to facilitate participation in new management information system 2. Convene meeting with funders to discuss the need to establish an accurate and comprehensive data base which will support the evaluation of current services, as well as the planning of future services for seniors and adults with disabilities	AAS AAS/Prov/ Fnd	FY 95-96
3 To support the development of broad-based planning groups within each of the community service areas for the purpose of identifying local needs, advocating for change and improvement, and participating in the development and implementation of new programs on the local level	1. Work with community leaders and providers in each community service area to develop local planning groups - Develop mailing list of providers, key community leaders and other key stakeholders to invite to participate in local planning group - Disseminate information about the New Beginning Coalition, the Commission on Aging, and the Commission on Disabilities	NBC/COA/ COD	FY 96-97
4 To establish liaisons and a mechanism for sharing important information between each of the community-based planning groups and the New Beginning Coalition, the Commission on Aging, and the Commission on Disabilities	1. Each local planning group shall appoint a liaison to the New Beginning Coalition, the Commission on Aging, and the Commission on Disabilities and shall establish a mechanism for sharing information with and bringing information back from those three groups	NBC/COA/ COD	FY 96-97
5 To develop from the New Beginning Coalition's visions and strategic goals a proactive community platform for defining public issues and public policy with regard to seniors and adults with disabilities in San Mateo County	1. Explore the feasibility of hiring a consultant to assist in the development of a community platform 2. Establish a committee to draft the platform - draft written platform - bring draft to New Beginning Coalition, Commission on Aging, and Commission on Disabilities for review and approval - develop mailing list for distribution to providers, funders, policymakers, and politicians - disseminate a written document	COA/COD/ Ed/Leg COA/COD/ Ed/Leg	FY 97-98
6 To conduct a second annual New Beginning Coalition Conference to review accomplishments and to refine Strategic Plan goals, where appropriate	1. Plan conference - develop general agenda/program content - develop budget and identify funding - develop detailed plan for events * appoint subcommittees/individuals to take the lead in planning the event - hold conference and evaluate its effectiveness - review input from participants and make appropriate changes in the Strategic Plan goals, objectives, and activities	NBC	FY 96-97

**Goal 9: Preventing Violence, Abuse, and Neglect**

*To improve the security and well-being of seniors and adults with disabilities by reducing the incidence of violence, abuse, and neglect in San Mateo County*

Objective	Activities	Leadership Roles	Timeline
1 To increase public awareness of the nature and incidence of financial, physical, and emotional abuse and neglect of seniors and adults with disabilities in San Mateo County, and to increase the ability and willingness of citizens to identify vulnerable persons and to secure assistance and protection for them	1. Develop and implement community education campaign <ul style="list-style-type: none"> <li>- develop and disseminate fact sheet containing information about the characteristics of elder and dependent adult abuse for seniors and adults with disabilities, the identification of vulnerable persons, &amp; the use of the TIES line</li> <li>* generic information (containing general information and San Mateo County data)</li> <li>* fact sheets targeted to specific communities- i.e. non-English-speaking</li> <li>- develop and distribute press releases- both general and with specific cases cited</li> <li>- develop and distribute public service announcements for local newspaper, TV, and radio</li> <li>- establish speakers bureau which will give educational presentations to service clubs</li> </ul>	AAS/ Prov-1/ Media	FY 95-96
2 To increase professional awareness of senior and dependent adult abuse through training and other related activities such as improving access to information and services	1. Provide training to mandated reporters on the signs and characteristics of abuse, mandatory reporting laws, and the use of the TIES line 2. Provide training to physicians on elder and dependent adult abuse reporting responsibilities 3. Develop and disseminate elder and dependent adult training manual to assist agencies in responding effectively to the issue	AAS/Depts/ Prov-1/Ed AAS/Depts/ Prov-1/Ed AAS/Dept/ Prov-1/Ed	FY 95-96
3 To build diverse cooperative community partnerships involving County, community-based organizations, law enforcement, and the District Attorney's Office to improve the identification, investigation, and prosecution of abuse	1. Sponsor community forums to foster coordination and information sharing regarding elder and dependent adult abuse 2. Convene a Multidisciplinary Team for Elder/Dependent Adult Abuse to discuss cases and develop strategies to improve the identification, investigation, and prosecution of abuse and invite agencies and city policymakers to participate 3. Develop and implement protocols with law enforcement agencies that specify the ways we will work together to identify, investigate, and prosecute abuse 4. Convene a Police Protocol Committee to review protocols developed with law enforcement agencies and develop agreements to work more cooperatively in the investigation and prosecution of abuse 5. Convene a forum on abuse from a legal perspective 6. Coordinate with the Violence Task Force on the development and implementation of violence prevention activities and programs	COA/COD/ AAS/Depts/ Prov-1 AAS/ Prov-1  AAS  AAS  AAS/Depts/ Prov-1 COA/COD/ AAS	FY 95-96





## **V. Appendices**



## **Appendix A**

### **Related Reports/Studies Referenced in Needs Assessment**





## Related Reports/Studies Referenced in Needs Assessment

Report	For Whom	Date
A Multicultural Five-Year Master Plan for the Reduction of Alcohol and Other Drug Problems in San Mateo County	County of San Mateo, Alcohol and Drug Program	December 1991
San Mateo County In-Home Supportive Services Community Work Group	San Mateo County Aging and Adult Services	August 1992
Belle Haven Community Needs Assessment/Action Plan	City of Menlo Park	November 1993
Caregiving - The Cost of Compassion	San Mateo County Advisory Council on Women	November 1988
Strategic Plan 1993-1996	Second Harvest Food Bank of Santa Clara and San Mateo Counties	July 1993
Nuestro Canto de Salud Health Project	San Mateo County Department of Health Services, Hispanic Concilio of San Mateo County, Fair Oaks Family Health Center, Centro Cultural Latino	May 1993
Survey of Needs, Attitudes, and Concerns of Coastsiders	Coastside Independent Elder Program	July 1990
Preventive Health (Pro-Health) Subcommittee	The Alliance	January 1989
Hospital Discharge Planning Subcommittee	The Alliance	January 1989
Multipurpose Senior Center Committee	The Alliance	January 1989
Day Care/Day Health Care/Respite Committee	The Alliance	January 1989
Task Force for Health Needs of Minority Elders	The Alliance	January 1989
Attendant Care	The Alliance	January 1989
Home-Delivered Food Subcommittee Report	The Alliance	January 1989
Information & Referral/Case Management Task Force	The Alliance	January 1989
Project Income/Funding Formula Task Force	The Alliance	January 1989

## Related Reports/Studies Referenced in Needs Assessment

Report	For Whom	Date
Community-Based Long Term Care/Day Care Task Force	The Alliance	January 1989
Independent Elder Coalition Survey Report on the Needs of Minority Elders	Coastside Independent Elder Coalition	May 1994
Consumer Input Survey	Commission on Disabilities	June 1993
Meals on Wheels	Meals on Wheels Task Force	1994
Subcommittee on Volunteerism	The Alliance	January 1989
Report on Transportation	The Alliance	January 1989
Report on Senior Veterans' Unmet Needs	The Alliance	January 1989
Committee on the Needs of Institutionalized Elderly	The Alliance	January 1989
Report from Social Services Committee	San Mateo County Commission on Aging	1989
Elder Abuse Subcommittee	The Alliance	January 1989
Affordable Senior Housing Component	The Alliance	January 1989
Alzheimer's Disease Subcommittee Report	The Alliance	January 1989
Representative Payee Report	Aging and Adult Services Advisory Council	April 1994
SamTrans Americans with Disabilities Act Paratransit Plan Annual Update	San Mateo County Transit District	January 1994
San Mateo County Paratransit Plan	SamTrans	1990
Consolidated, Comprehensive Housing Affordability Strategy	Department of Environmental Management	November 1991
The Planning and Service Area Plan, 1993-1997	San Mateo County Area Agency on Aging	1993



## **Appendix B**

### **Summary of Key Informant Surveys**



## NEW BEGINNING COALITION: KEY INFORMANT SURVEY

In an attempt to get expert opinions and leading viewpoints on the current strengths and weaknesses of San Mateo County's programs and services for senior citizens and adults with disabilities, the New Beginning Coalition Steering Committee enlisted the aid of "key informants" in the community to answer a survey.

The following persons were contacted and asked to complete the survey:

- Frank Piro or Father Supiriaso, St. Andrews Church in Daly City
- Eusebio Villatuya, Filipino American Club
- Steven Chow, Asian Senior Club
- Maria Bransford, TEWCI
- Dr. Hutchison, SM
- Ed Becks (EPA)
- Raleigh Brown, caregiver
- Donna Pineda, Doelger Senior Center
- Ortencia Lopez, North Peninsula Neighborhood Services Center
- Simon Hernandez, Crystal Springs Geropsych
- Billie Jones, Onetta Harris Senior Center
- Pastor Jenny Quey or Mike Seto, Community Baptist Church
- Father Carter, Our Lady of the Pillar (HMB)
- Ann Minoletti, Rotocare
- clerks from Dr. Logan's office
- representatives from mobile home parks
- representatives from Drew Medical Center
- representatives from Boys and Girls Club of Menlo Park
- representatives from St. Francis of Assisi (EPA)
- representatives from Mt. Olive Church (MP)
- representatives from Our Lady of Perpetual Help
- representatives from public health nursing
- representatives from the Menlo Park Police Department
- representatives from the gay and lesbian community
- representatives from the Association for the Mentally Ill

## APPENDIX: HIGHLIGHTS FROM KEY INFORMANT INTERVIEWS



## NEW BEGINNING COALITION: KEY INFORMANT SURVEY

The Key Informants were asked to respond to the following questions:

1. What population do you serve/work with?
2. What are the primary concerns/needs of this group? Do you see any trends?
3. Are needs currently being met? If so, how?
4. What are barriers to meeting needs?
5. What needs do you anticipate for the next 5-10 years? How are those anticipated future needs different from those than now exist?
6. Do you have any suggestions for changes in the system that would enable it to better meet future needs?
7. Do you have any additional suggestions or comments?

On the following pages, the comments from these Key Informants have been collected and summarized. On the left half of each page, perceptions regarding the current strengths and weaknesses of the system are listed and on the right, suggestions for changes for the next 5-10 years.

## NEW BEGINNING COALITION: KEY INFORMANT SURVEY

### “Here’s Where We Are Now!”

Key Informants working with seniors, homebound and frail elders, and Alzheimer’s patients in East Palo Alto and Menlo Park note:

- Insufficient supply of affordable **housing**:
  - not enough Section 8
  - not enough privacy in shared housing
  - high cost of living forcing some to return to Mexico
- Problems with cost and access to **medical care**:
  - cost of care makes some reluctant to seek care when they need it
  - insufficient access to medical and dental services for all and for undocumented residents
- Some feel **nutrition services** are sufficient, while others see the need for improved diet, exercise, and nutrition services.
- Some feel that **transportation** needs are met for most, whereas others decry the lack of adequate transportation for medical and dental appointments, shopping, and social service/community service programs.

### “Here’s Where We Ought To Be!”

Potential for greater organizing/networking among seniors to make the whole system accessible.

Potential for mobilizing seniors:

- to address the whole human condition
- to work as volunteers and staff
- to promote stabilization of neighborhoods
- to develop communities where the needs of seniors will be met along with the needs of families and children

Low cost housing and lower costs affordable health care along with improved quality, and commitment.

May need to limit services to those most needy: lack of strict eligibility requirements bleeds services financially, making it difficult to help those in greatest need.

Financial assistance for elders/caregivers.

More disabled parking places and increased accessibility for wheelchairs.

## NEW BEGINNING COALITION: KEY INFORMANT SURVEY

### “Here’s Where We Are Now!”

Two key informant volunteers with FISH identified the need for more volunteers. To date FISH has about 50 devoted volunteers who drive and distribute food, but who are unable to handle persons in wheelchairs. They are concerned about liability, insurance, and some reimbursement for costs of volunteer supported travel.

- Those working with more independent seniors note that part of staying independent means driving their own car. About 50% do.
- The greater the **independence**, the more these seniors want to do on their own. These seniors would rather rely on their own independence and resourcefulness rather than rely on the organized community services. They know the services are there if they need them. Some key informants believe that this group clings to independence even if/when it means denial to the signs that they may need outside help.

The Key Informants who work with seniors who are less independent believe that not enough information is available, or that it is not circulated widely enough.

### “Here’s Where We Ought To Be!”

See expansion of volunteers who drive and distribute food if such obstacles around liability and insurance and reimbursement of costs are removed.

Help-At-Home services needs to be more widely promoted since those who need to know are likely homebound and may not be able to attend Senior Centers.

Suggest a “loaner closet” for wheelchairs, walkers, canes, etc.

Suggest funds for bed pans, diapers for seniors who cannot afford them or are not covered by medical insurance



## NEW BEGINNING COALITION: KEY INFORMANT SURVEY

### “Here’s Where We Are Now!”

For Key Informants working with **frail elders or persons with Alzheimer’s**, they see a need for better understanding of Alzheimer’s, better communication between cultures, and the need for more developmental programs and activities.

A Key Informant with **Hospice** felt that education of the public and government acceptance of Hospice care and the Death with Dignity movement was a major concern. Death with Dignity has not received the same level of publicity as “assisted suicide”.

### Key Informants working with Asian/Pacific Islanders:

- These Key Informants identified many of the same needs and problems noted above: affordable housing, affordable health care, transportation needs, insufficient income, inadequate funding of services.
- But superimposed on these core needs is an explosive growth in the Asian/Pacific Islander senior population which is generating an increased demand for **culturally appropriate services** which should:

### “Here’s Where We Ought To Be!”

As seniors live longer and eventually become more frail, a continuum must be in place for home care, assisted living, residential care, and skilled nursing care in home or in nursing homes staffed with skilled and sensitive staff.

Hospice see potential in greater understanding of Death with Dignity movement.

Perhaps a “walled Hospice”, the British model, should be explored here.

Potential for re-distributing resources to reflect the increasing diversity of the population. A changing world requires changing priorities.

## NEW BEGINNING COALITION: KEY INFORMANT SURVEY

### “Here’s Where We Are Now!”

- address major language barriers
  - respect for Asian/Pacific Islander’s cultural values and traditions
  - foster communication across cultural/ethnic lines
  - provide day services for monolingual seniors
  - recognize a reluctance among some to ask for help
- A pastor with an Asian parish notes how difficult it is for Chinese Americans to take advantage of services the way they are presented. He sees the need for more **cultural sensitivity training**, greater cross cultural understanding, and outreach to minorities.
  - For those with money, there are no unmet needs in San Mateo County. For those without resources, the major barriers are lack of money, inadequate transportation, language, and cultural differences.

### “Here’s Where We Ought To Be!”

- Potential for expanded public/private partnerships. Government should provide funds and monitoring, and also subcontracts in areas where with the nonprofit sector can deliver services more efficiently and effectively.
- Nice to see more tangible acknowledgment and encouragement from government for a job well done by the nonprofit sector.
- Potential to tap into religious communities for social support and outreach. The Buddhist Church plays a key role in some communities.

## NEW BEGINNING COALITION: KEY INFORMANT SURVEY

**“Here’s Where We Are Now!”**

**“Here’s Where We Ought To Be!”**

**Key Informants working with disabled adults believe that the disabled are the forgotten population.**

- Therefore, improved and accessible transportation, affordable and accessible housing, educational, vocational, and independent living skills training programs are all major needs.
- In addition, for the **profoundly developmentally disabled and the profoundly physically disabled**, there is a need for more day programs, more community-based employment and training programs, plus services to handle serious behavioral problems.
- Some regard it as a hopeful sign that schools are providing more pre-graduate vocational training, and that this training is being introduced at a younger age.
- New developments in **technology**, computer-assisted instruction, and adaptive computer assisted equipment are being introduced.



## NEW BEGINNING COALITION: KEY INFORMANT SURVEY

### “Here’s Where We Are Now!”

- More support groups are needed and more weekend and evening activities are needed for the disabled. More community integration and community options are needed for the severely disabled. Very few programs can handle profound behavioral problems.
- Special problems are noted for **undocumented persons** who are developmentally disabled. They are eligible for GGRC services, but not for vocational programs.
- For those who can be more independent, the primary need is for more **independent living** situations and some assurance to parents that there are supports in place should something happen to them. Parents do considerable money management, provide transportation, foster socialization activities. If something should happen to the involved parent, there needs to be support for transportation, recreation, and peer socialization, and money management. Current needs are addressed to a certain extent by weekly brief visits from the counselor, but there is no substitute for what the parents currently provide.
- Need more workshops or supervised schools and more supported living: home away from home

### “Here’s Where We Ought To Be!”

Parents of developmentally disabled family members will get together and organize support for opening new homes and supported residential committees in their own communities.

It is time to establish a central referral service to link disabled persons and students with social and recreational activities.

## NEW BEGINNING COALITION: KEY INFORMANT SURVEY

### “Here’s Where We Are Now!”

- Need homes: supported living arrangements
- Need recreation: e.g., weekend camp, 1-to-1
- Need more recreation programs and lots of supervision for the profoundly retarded.
- Barriers still exist with regard to: access, location, transportation, hours of operation, on-going funding, sufficient staff, acceptability, availability, information, and eligibility.

### Key Informants who work with the mentally ill note:

- Current trends show decreased services and support to this population: leaving a huge gap that widens each year. Services are dwindling and becoming non-existent.
- What is needed is **education, advocacy, socialization, and community support.**
- For older adults with mental illness, they need support:
  - to maintain independence
  - to maintain physical/emotional health

### “Here’s Where We Ought To Be!”

People will be demanding a greater say over their lives: the direction it’s going in and its quality.

- They will push for their own place, or at least their own room.
- They will move beyond SSI.
- They will have a say over medication or get off medication.
- They will pursue fulfilling emotional and sexual relationships.
- They will embrace the self-help movement as a part of their on-going recovery.
- They will assist and be assisted by peer counseling programs and programs which help them make the transition to college.
- They will accept therapy, but without the stigma.

## NEW BEGINNING COALITION: KEY INFORMANT SURVEY

### “Here’s Where We Are Now!”

- to acquire and maintain meaningful social contact
- Barriers: financial resources, eligibility, availability
  - those with financial resources can afford services
  - those with very low income are eligible
  - those in the middle are largely left out, and find it hard to find and afford necessary services.

**Three physicians interviewed identify many of the core problems of affordability: access and cultural appropriateness.**

- One physician stressed the need for improved **nutrition and exercise**. He also felt that seniors were being taken advantage of by media campaigns playing on their vulnerability, and he worries about a trend toward socialized medicine.
- Another physician who sees the same problems believes that socialized medicine is the only way out of the present health care crisis. This same physician called for more **female doctors**. There are no female gynecologists in the Health Plan of San Mateo.

### “Here’s Where We Ought To Be!”

Managed care, and changes in insurance coverage may change the patterns of care and the allocation of physicians and other health care resources to serve underserved areas and populations.



## NEW BEGINNING COALITION: KEY INFORMANT SURVEY

### “Here’s Where We Are Now!”

- Various agencies and medical professionals who serve Traumatic Brain Injuries noted that more and more individuals are surviving severe accidents, mostly males 25-40. Following acute care in the hospital and a brief in-home transition, there are no on-going support, services, or follow-up.
- Physicians want to see service continuum: social, recreational, vocational, support groups, and normalization activities.
- Barriers: accessibility (especially financial), information, eligibility

### “Here’s Where We Ought To Be!”



## **Appendix C**

### **Summaries from Community Forums Needs Assessment Phase February - May 1994**





## NEW BEGINNING COALITION: REPORTS FROM THE COMMUNITY FORUMS

### "Here's Where We Are Now!"

#### **North County Forums: General Forums**

- |                                    |                  |
|------------------------------------|------------------|
| • St. Andrew Community (Daly City) | 5/18/94          |
| • Retirement Inn                   | 4/14/94          |
| • Amberwood Apartments (Daly City) | 4/8/94           |
| • San Bruno Senior Center          | Individual Forms |

#### **Community Integration**

- *Senior housing should not be isolated. It should be near good transportation, stores, recreation, and areas for walking.*
- *Housing complexes should have pools, decks, patios, Jacuzzis, with board and care support and medical facilities.*
- *Senior housing should be mixed with younger ages, but not so that seniors have to live with children.*
- *All facilities should be accessible to seniors and disabled, e.g., canes, wheelchairs, crutches, ramps, and walkers.*
- *Grocery shopping by computer in the future.*
- *Escorts needed to assist with grocery shopping.*
- *Need communities that care, people helping each other.*

#### **Safety**

- *We need safe neighborhoods to walk in.*

#### **Transportation**

- *Need volunteers and vans for appointments and social events.*
- *Need reduced cost auto fees, repairs, and maintenance.*
- *Redi-Wheels: be more accessible, responsive, and immediate.*

### "Here's Where We Want To Be!" "A Collective Vision"

#### **I. "Creating and Sustaining Healthy Communities"**

- **We want a safe community. We want to be safe in our homes and in our streets.**
- **We want a multicultural community . . .**
  - with more interaction between ethnic groups
  - with decreased backlash toward immigrants
  - with respect and acceptance of elderly parents from other countries who are joining their children in San Mateo County
  - with fewer "NIMBY" sentiments
  - with increased understanding for those with special needs and those with different racial and cultural backgrounds
- **We want an intergenerational community . . .**
  - with opportunities to mix with other generations
  - with less conflict between generations
  - with opportunities for all ages and abilities to live, work, and play together
  - with regular opportunities to feel close with children, friends, and neighbors
  - with young and old less busy with their lives

## NEW BEGINNING COALITION: REPORTS FROM THE COMMUNITY FORUMS

### “Here’s Where We Are Now!”

#### **Financial Security**

- *Bill paying should be automated.*
- *Basic necessities should be guaranteed: housing, food, clothing, hospitalization.*
- *Need Job opportunities for seniors to augment SSI, income.*
- *Need job opportunities for disabled that focus on abilities*

#### **Accessibility**

- *Should be a uniform standard age for senior benefits*
- *Everyone should have a fax system*

#### **Health Care**

- *Need health insurance for people under 65 who are disabled and to cover those who are unable to work or lose jobs.*

#### **North County: Asian/Pacific Islander Forums**

- Filipino American Senior Association 3/31/94
- Daly City Filipino Organizing Project 2/26/94
- So. San Francisco American Filipino Senior Group 4/19/94
- Daly City Program Community Forum 5/23/94  
(Chinese/Filipino)

#### **Community Integration**

- *Demand for affordable housing out-strips the supply. We need affordable retirement facilities for seniors/the disabled.*
- *Recreation and other facilities need to be near housing.*
- *Racism/discrimination are barriers to services and to mutual support and cooperation.*

### “Here’s Where We Want To Be!” “A Collective Vision”

- with mutual assistance within extended families and among all age and disability groups to offer companionship and support, and to feel valued as a contributing member of society
- with young and old less busy with their lives
- **We want services, shopping, and activities where we live . . .**
  - with shopping, activities, and services within walking distance
  - with all facilities accessible to seniors and adults with disabilities
  - with access by computer for those who are less independent
- **We want a more inclusive community . . .**
  - with affordable senior housing and affordable housing for the disabled
  - with affordable residential and custodial care
  - with acceptance and full community participation by people with disabilities
  - with a variety of affordable housing options
  - with homes and apartments accessible to wheelchairs, walkers, and other assistive devices

## NEW BEGINNING COALITION: REPORTS FROM THE COMMUNITY FORUMS

### “Here’s Where We Are Now!”

- *We need neighborhood associations as focal points.*
- *We observe role reversal: seniors are “under their children”.*
- *We need greater sensitivity and concern, a caring community helping one another. Unity with seniors and the disabled.*

#### **Safety**

- *Need more safety education and more police officers.*

#### **Transportation**

- *Need more transportation for low income and disabled residents in housing projects and retirement facilities.*
- *Seniors need free or affordable transportation.*
- *Need to improve access to Redi-Wheels.*
- *Seniors need more weekend and weekday transportation.*

#### **Accessible and Available Services and Resources**

- *We need more aggressive public education regarding services for seniors and persons with disabilities.*
- *It is hard for minorities/ethnic groups to understand the system. Language and cultural differences prevent them from seeking and receiving help.*
- *Service providers need greater cultural sensitivity.*
- *System needs to be streamlined and simplified.*

### “Here’s Where We Want To Be!” “A Collective Vision”

- **We want good, dependable, accessible transportation.** We prefer services, shopping, activities within walking distance, but we want an improved transportation system to reach services, shopping, and activities beyond our local community.

### II. “Creating and Sustaining Healthy Lifestyles”

- **A healthy lifestyle means being connected, not isolated** with opportunities to stay regularly in touch with the broader community.
- **A healthy lifestyle requires a modest level of financial security.**
- **A healthy lifestyle means staying active . . .**
  - taking the “bull by the horns” to get things done
  - seniors and the disabled “running things” in the community, on boards, on planning groups, in government, as advocates for change
  - volunteers offering time, transportation, shopping assistance, support, and assistance to others who are less independent



## NEW BEGINNING COALITION: REPORTS FROM THE COMMUNITY FORUMS

### "Here's Where We Are Now!"

#### **Health Promotion and Health Care**

- *Recreation centers are needed close to housing.*
- *We need health care reform for seniors and the disabled.*
- *We need affordable insurance for seniors above poverty.*
- *Burial and funeral services are expensive, and are needed by all.*
- *Those with special needs are speaking out. That's good.*

#### **Long-Term Care Continuum**

- *We need services that maintain and improve independence, health, and welfare of seniors and the disabled.*
- *In-home support is needed and recipient should select the helper rather than accept one assigned by an agency.*
- *Need nutritionally balanced, low-cost meals-on-wheels.*

#### **North County: Hispanic Community Forum**

- *Unidad de Pacifica*

4/5/94

#### **Community Integration**

- *Need better housing.*

#### **Safety**

- *Safety is a concern.*

#### **Transportation**

- *Need more transportation, especially for medical appointments.*

### "Here's Where We Want To Be!" "A Collective Vision"

- **A healthy lifestyle means not having to worry about adequate health care coverage (i.e., universal health insurance coverage for quality medical care with no exclusions).**
- **A healthy lifestyle means having a support system in place to remain independent, with opportunities to socialize, feel included, challenged, and accepted.**
- **A healthy lifestyle has balance and harmony.**
  - Meeting human needs is as important as material possessions.
  - Spiritual needs are as important as physical ones.
  - Harmony with people is as important as harmony with nature.
  - Relationship with the planet is in balance and in harmony.
  - Enjoying the environment is in balance with protecting the environment

## NEW BEGINNING COALITION: REPORTS FROM THE COMMUNITY FORUMS

### **“Here’s Where We Are Now!”**

#### ***Accessible and Available Services and Resources***

- *Language is a barrier to meeting the needs of some.*
- *Need more awareness of transportation resources.*

#### ***Central County: Community Forums***

- Millbrae Park and Recreation Center 4/7/94
- Self-Help for the Elderly 4/9/94

#### ***Community Integration:***

- *Less isolated, all ages, greater diversity in community.*
- *Need more options and choices in housing, affordable options, and shared arrangements for seniors and the disabled.*
- *Help seniors stay connected with broader community.*
- *Services, shopping all within walking distance.*
- *Need to decrease backlash toward immigrants.*

#### ***Safety***

- *Need to feel safe to leave home and walk the streets.*

#### ***Transportation***

- *Need a better, dependable, inclusive transportation system.*
- *More flexibility and more alternatives than Redi-Wheels.*

#### ***Accessible and Available Services and Resources***

- *Need greater awareness of needs of minorities and effective outreach to racial/ethnic minority communities.*

### **“Here’s Where We Want To Be!” “A Collective Vision”**

- **A healthy lifestyle provides nourishment and stimulation for the mind and the spirit.**
  - keeping intellectually and cognitively challenged
  - seeking opportunities to work or volunteer
  - seeking opportunities to be creative
  - seeking opportunities to feel productive, useful, learning, and growing

### **III. “Getting the Support You Need When You Need It”**

- **It’s important to know how to find out what’s available:**
  - aggressive outreach with complete information
  - improved citizen knowledge of the system
  - reaching the people not in the system
  - reaching ethnic and racial groups appropriately
  - using the tools of communications technology

## NEW BEGINNING COALITION: REPORTS FROM THE COMMUNITY FORUMS

### **"Here's Where We Are Now!"**

- *Need staff and volunteers who are multi-lingual.*
- *Need increased hours: including evening and weekends.*
- *Access to medical and psychological services for middle-income groups.*
- *Re-wire facilities for hearing-impaired and large type news.*

#### **Health Promotion and Healthcare**

- *Need cognitive, intellectual, creative political activity.*
- *Need exercise and nutrition programs: learn how to grow old.*
- *Need more dedicated volunteers; train seniors to lead groups.*
- *Need a network of doctors/nurses to make "house calls".*
- *Need more services for seniors with dementia/Alzheimer's.*
- *Need better health care and quality health care for all.*
- *Need more advocates, peer counselors, friends, supports.*

#### **Long-Term Care Continuum**

- *Seniors should live independently as long as possible.*
- *Need to expand Redi-Wheels, FISH, Meals-on-Wheels, friendly visitors, etc.*
- *Need support system advocates, and in-home support.*
- *Need support system advocates, and in-home support.*

### **"Here's Where We Want To Be!" "A Collective Vision"**

- **It's important to know how to access the service system . . .**
  - with affordable case management
  - without language, racial, or cultural barriers
  - without barriers which limit access for those with physical limitations
- **Experiencing the power of a consumer-driven system . . .**
  - with minimal duplication and sensible regulations
  - with an appropriate mix of centralized and decentralized services
  - with flexibility, sliding fee scales, and help for those who cannot pay
  - with respect for cultural, ethnic, and family values and traditions
  - with complete access for those with physical limitations
  - with extended hours of operation



## NEW BEGINNING COALITION: REPORTS FROM THE COMMUNITY FORUMS

### **“Here’s Where We Are Now!”**

- *Need more family members willing to support seniors remaining in their own homes longer.*

#### ***South County: Needs Assessments Forums***

##### ***Community Integration***

- *Need good, affordable housing designed for disabled and frail.*
- *Need a Senior Complex with a mix and variety of services.*
- *Caring, pleasant environment to address spiritual needs.*
- *Business, shops, services close to home.*
- *Need to meet the challenge of serving the “old” old and “young” old.*
- *Need more community interaction and more cooperation from agencies, schools, churches, etc.*

##### ***Safety***

- *We need a safe environment.*

##### ***Transportation***

- *We need trains/buses for the disabled.*
- *We need vans/buses for seniors for short and long trips.*

##### ***Accessible and Available Services and Resources***

- *Need to make services accessible and available for the disabled.*
- *Need to minimize competition for funds among groups.*
- *Need friendly and helpful staff.*

### **“Here’s Where We Want To Be!” “A Collective Vision”**

- **Assisted with more dependable, inclusive, affordable, and flexible transportation.**
  - expanded volunteer and escort services for shopping and personal needs
  - transportation for those who wish to attend social, recreational, and religious events
  - transportation to medical/service providers
  - expanded hours of operation and expanded definition of who can be assisted
- **Adequate and available supportive services to maintain independence . . .**
  - in-home supportive services: chores, cleaning, shopping, and assistance with activities of daily living
  - in-home health care and respite care for caretakers
  - dedicated volunteers providing support and a support network for those who are isolated
  - expanded friendly in-person and telephone visiting
  - trained, respectful, and sensitive home care staff
  - expanded meals-on-wheels and SASH services



## NEW BEGINNING COALITION: REPORTS FROM THE COMMUNITY FORUMS

### "Here's Where We Are Now!"

- *Need neighborhood service areas with effective communication network: information and outreach.*
- *Need day care centers for stimulation/socialization.*
- *Need a senior complex that includes Adult Day Care: long-term and extended day care, pool/sauna for joints/muscles.*
- *Need interior design classes to help make home comfortable, safe, accessible, beautiful.*

#### **Health Promotion and Healthcare**

- *Need prevention, nutrition, arts and crafts classes.*
- *Need program to promote health, environment, self-esteem.*
- *Need a pool (adaptive) for exercise, recreation.*
- *Need more volunteers to assist agency staff.*
- *Need universal health and long-term care insurance coverage.*

#### **Long-Term Care Continuum**

- *Need in-home care, meals-on-wheels.*
- *Need better paid, better trained in-home aides.*

#### **Coastside Community Forums**

- Half Moon Bay Library 3/31/94
- Senior Coastsiders 3/15/94

### "Here's Where We Want To Be!" "A Collective Vision"

- Affordable, competent, and culturally-appropriate residential and nursing home care when all other community supports are not longer sufficient to sustain independence.

### “Here’s Where We Are Now!”

#### **Community Integration**

- *Need more affordable senior housing on the coast.*
- *Need to encourage seniors and volunteers to visit one another, people living alone, and in Board and Care.*
- *Need help with shopping: shop with and shop for.*
- *Match students (similar interests) to visit with seniors.*

#### **Transportation**

- *Need transport to/from doctors, drug stores, and volunteers willing to wait for the person they drive.*
- *Need more frequent service from SamTrans.*
- *No weekend transportation to churches, only 2 buses.  
Churches need to advertise if they have transportation.*
- *Seniors donate cars for tax deduction or taxi vouchers.*

#### **Accessible and Available Services and Resources**

- *People don’t seem to know what is available.*
- *Need a Senior Resource Section in the local paper.*
- *Need condensed one-page resource guide for seniors.*
- *Need information about wills, death benefits, burial accounts, durable power of attorney.*

#### **Advocacy**

- *Need advocates or advisors at the Senior Center.*

## NEW BEGINNING COALITION: REPORTS FROM THE COMMUNITY FORUMS

### “Here’s Where We Are Now!”

#### ***Long-Term Care Continuum***

- *Need good community and in-home support system.*
- *MDs can call in prescriptions: need home delivered Rx.*
- *Need more vegetarian meals-on-wheels.*
- *Need a good handyman to help maintain home.*
- *Need more caregiver relief.*
- *Need a better way to find people who are alone.*
- *Need good nursing homes and care homes.*

#### ***Central County: Community Forum (Hispanic Group)***

- *MLK Center in San Mateo* 6/16/94

#### ***General Comments***

- *Need a community that pays attention, has good social relations, and has an understanding of seniors, respect for their age and deficiencies.*
- *The needs of seniors have not been totally met. We do not see the understanding we expected. The main barrier is the language and the cultural differences. We need bi-lingual and bi-cultural representatives of good character to really listen to our needs.*
- *Vital attention should be given to transportation and nutrition for seniors. This should be done with efficiency and truthfulness.*

## **Appendix D**

**Highlights from Baseline Conference  
July 26, 1994**





# NEW BEGINNING COALITION

## BACKGROUND PAPER FOR JULY 26, 1994 MEETING

Developed by Third Sector Management Group  
Summer 1994

*NOTE: This document is confidential.  
It has been prepared for the exclusive use of the New Beginning Coalition,  
and is incomplete without the group discussions which support it.*



*Key Trends*

*Trend 1: The County of San Mateo over the next fifty years is expected to become an even more culturally-diverse community.*

*Trend 2: There will be more senior citizens living in San Mateo County by 2010.*

*Trend 3: Elderly women outnumber men in San Mateo County.*

*Trend 4: The United States is becoming a nation with a growing population of senior citizens living in poverty.*

*Trend 5: There exists a national thrust towards greater inclusion and integration of people with disabilities and a movement to eliminate stigma, blame, and physical and emotional isolation.*

*Trend 6: America's elderly adults want to move away from institutional care towards increased in-home and community support: i.e. independent living and aging in place.*

*Trend 7: There is a national thrust towards fostering the growth and development of the self-help movement.*

*Trend 8: Information and communications technologies will continue to rapidly change the medical world.*

*Trend 9: The health care system is changing from categorical definitions to more functional/generic definitions, as is related funding.*

*Trend 10: America is focused upon changing the overall financing of health care to create a universal plan.*

*Trend 11: Our State's Health Care is moving towards a managed care system.*

*Trend 12: Agencies/organizations are beginning to change their current working relationship to foster more collaboration.*

*Trend 13: The existing transportation system in San Mateo County needs to be improved to meet the disparate needs of elderly adults and seniors with disabilities.*

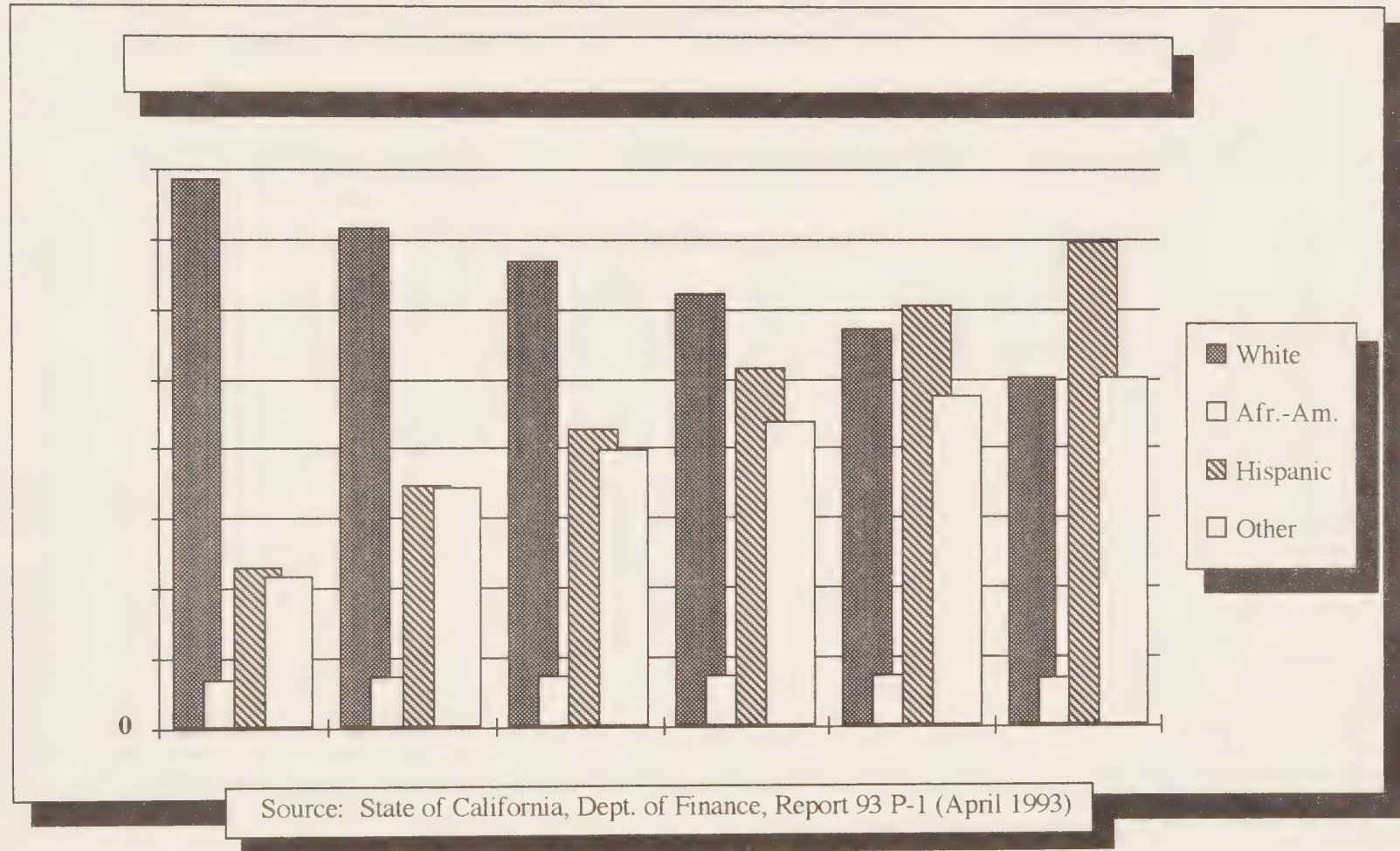
*Trend 14: San Mateo County is experiencing an erosion of quality of life, community ideals, and family values [i.e. greater crime and violence, greater homelessness, and greater substance abuse].*



## NEW BEGINNING COALITION: KEY TRENDS

*Trend 1: The County of San Mateo over the next fifty years is expected to become an even more culturally-diverse community.*

As the following chart shows, the number of Whites living in the community is expected to decline, decade after decade, whereas, both Hispanic and Other (consisting of mostly Asian/Pacific Islanders) race/ethnicities are expected to increase.



# **ERRATA**

Key information is missing from three of the Key Trends graphs in Appendix D of the Strategic Plan.

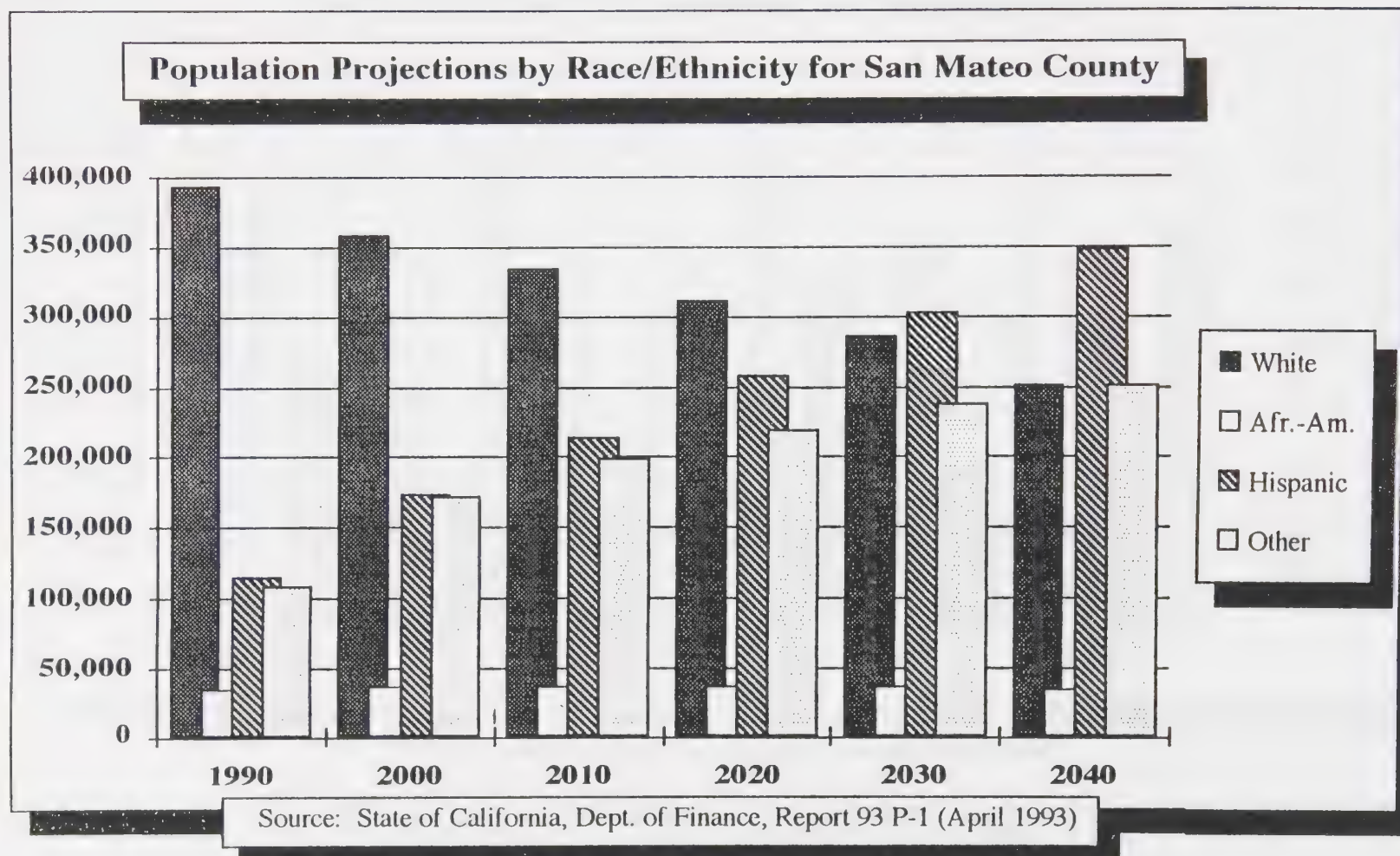
Please refer to the attached pages for corrected versions of the graphs on pages 2, 3, and 4 of Appendix D, Highlights from the Baseline Conference.



## NEW BEGINNING COALITION: KEY TRENDS [HIGHLIGHTS FROM THE BASELINE CONFERENCE]

*Trend 1: "The County of San Mateo over the next fifty years is expected to become an even more culturally-diverse community."*

As the following chart shows, the number of Whites living in the community is expected to decline, decade after decade, whereas, both Hispanic and Other (consisting of mostly Asian/Pacific Islanders) race/ethnicities are expected to increase.



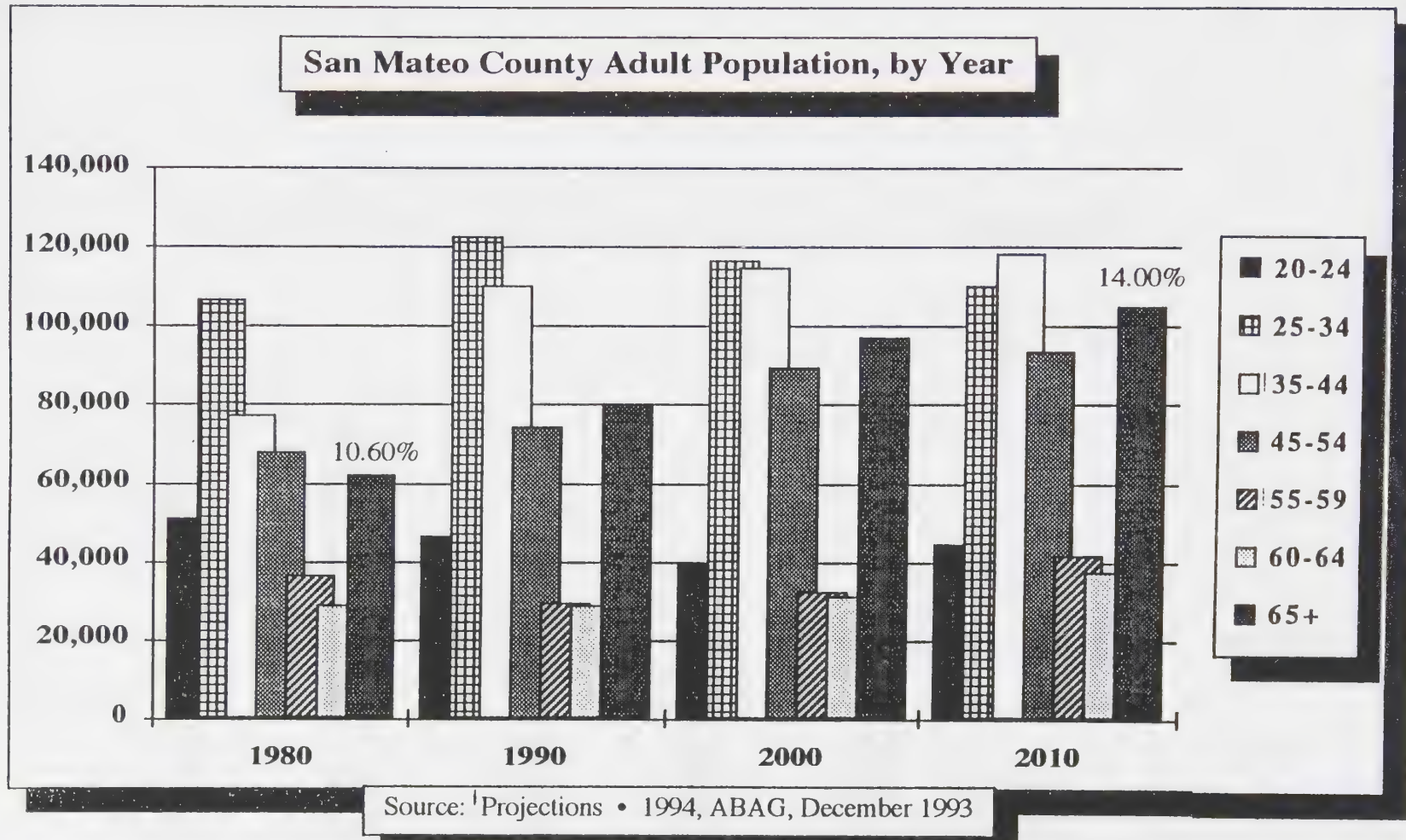




# NEW BEGINNING COALITION: KEY TRENDS [HIGHLIGHTS FROM THE BASELINE CONFERENCE]

*Trend 2: There will be more senior citizens living San Mateo County by 2010.*

Note the most significant period of growth is expected to occur between the years of 1990 and 2000.



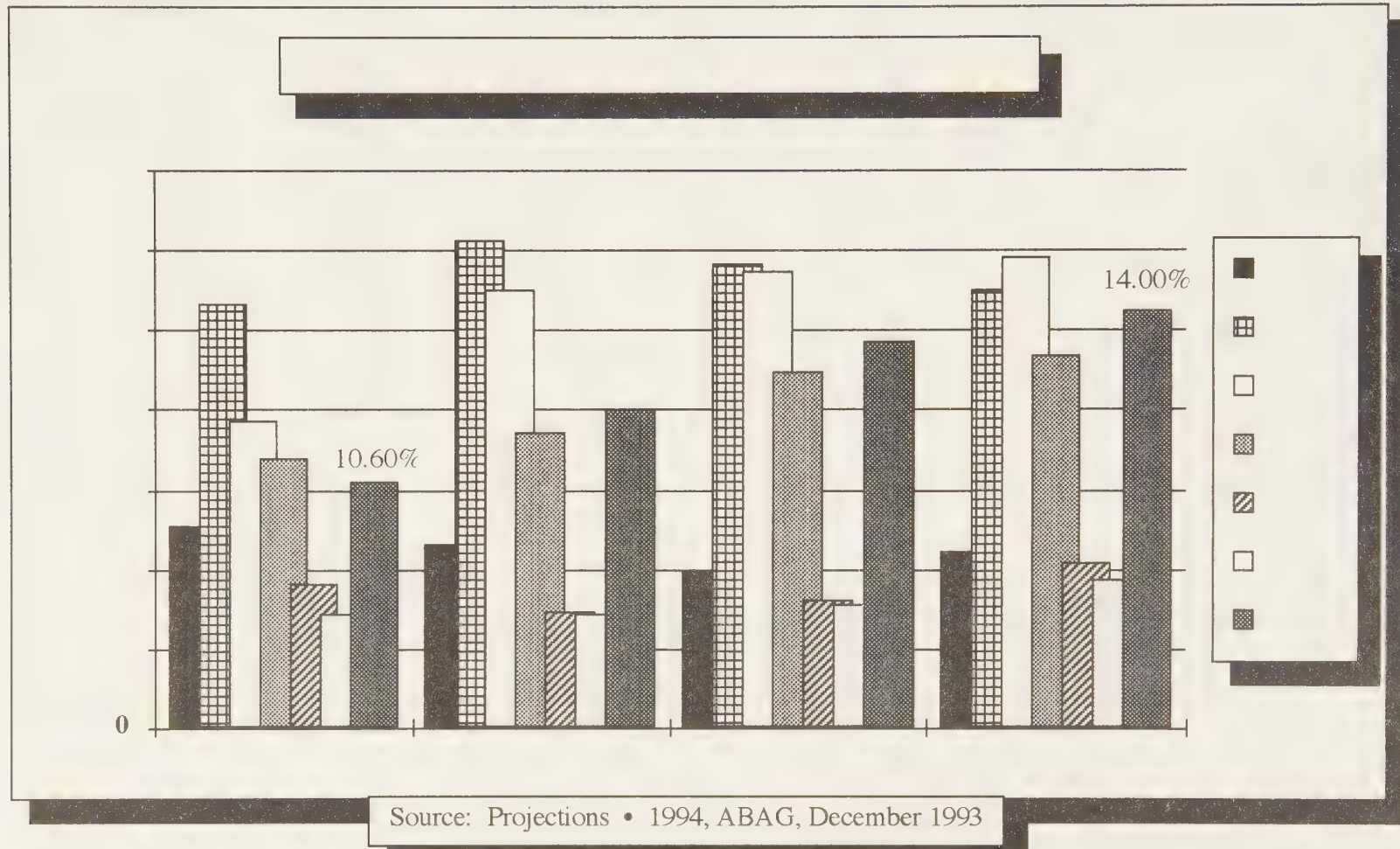
In addition, 1990 U.S. Census Data suggests that the number of persons in the 85+ age group is expected to more than triple in size between 1980 and 2030, and become nearly seven times larger in 2050 than in 1980.



## NEW BEGINNING COALITION: KEY TRENDS

*Trend 2: There will be more senior citizens living San Mateo County by 2010.*

Note the most significant period of growth is expected to occur between the years of 1990 and 2000.



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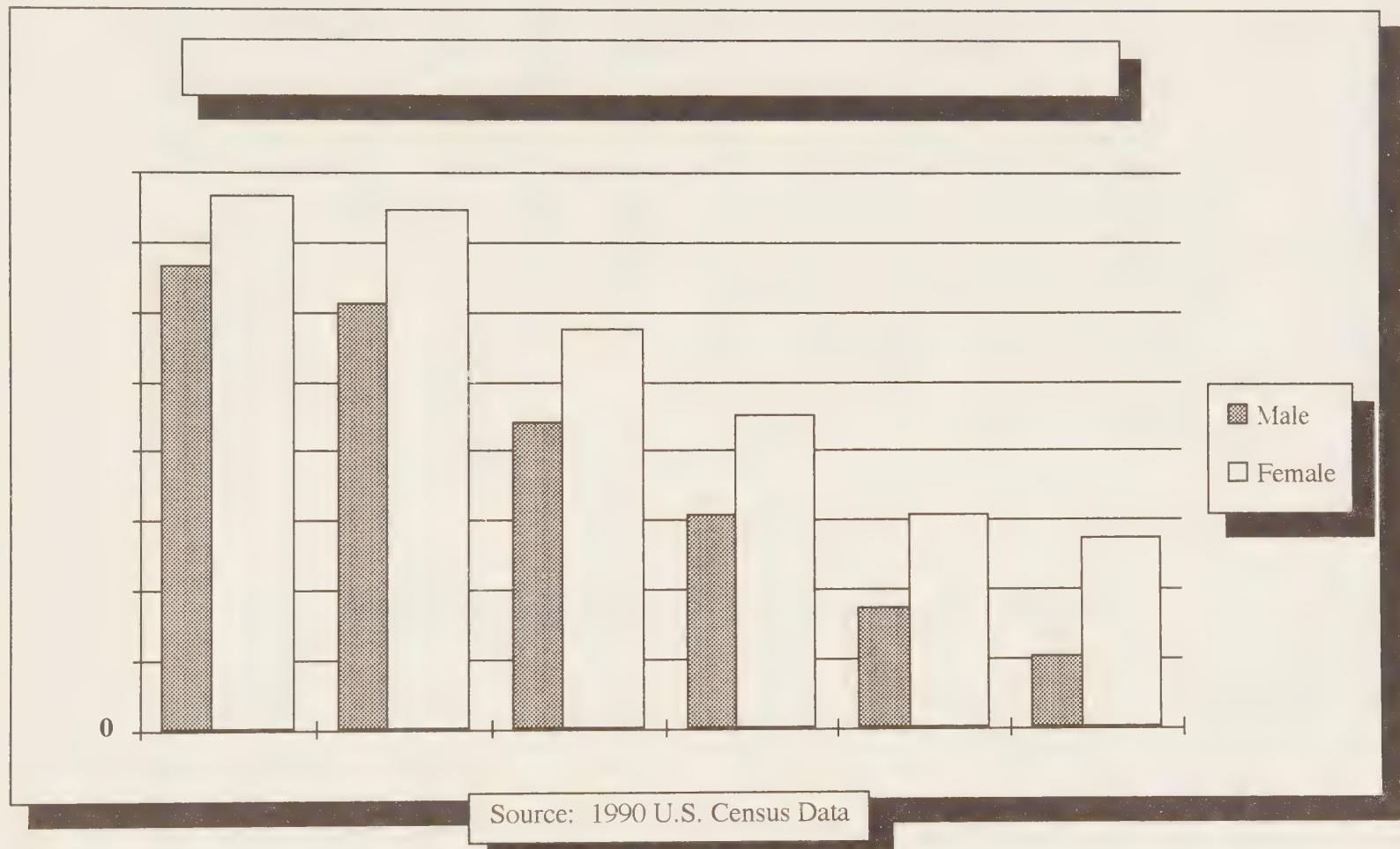


## NEW BEGINNING COALITION: KEY TRENDS

### *Trend 3: Elderly women outnumber men in San Mateo County.*

National aging trends reveal that within the 65+ age group, there were 18.3 million women and only 12.6 million men; thus elderly women outnumber elderly men by a ratio of three to two. By the year 2020, older women living alone will outnumber similarly-situated men by a factor of ten.

The following chart shows this trend in San Mateo County.



## NEW BEGINNING COALITION: KEY TRENDS

*Trend 4: The United States is becoming a nation with a growing population of senior citizens living in poverty.*

Consider the following statistics:

- Nationally, the **poverty rate** for the over 65 population was reported to be 11.4% for 1989, as compared to 10.2% for the 18-64 age group. Another 8% were considered near poor. There are 13,475 households, or **40,405 persons, in San Mateo County living below the poverty level**. This represents 6.5% of the total population.
- Almost 10% of persons over 65 are poor, while 12% of individuals over 75 are poor. It is estimated that 4,779, or **19.4%, of San Mateo County's minority senior population lives in poverty**.
- In 1989, the median income of families with heads age 65+ was about \$22,806, approximately 63% of the median income of families age 25-64 (\$36,058). In 1989, the median income of elderly people, not living in families, was \$9,422, approximately 46% of those in the 25-64 age bracket (\$20,277).
- The distribution of income varies significantly among the elderly in stark contrast to popular belief. For example, **in 1989, 70% of people age 65+ had incomes below \$15,000**, compared with only 37% of those age 45-54.
- Only 7.8% of the men age 65+, compared with **14.0% of the women age 65+, live in poverty**.
- The **highest poverty rates are associated with minority women living alone**. In 1989, 3 of every 5 elderly African-American women living alone had incomes below the poverty level.
- **The elderly depend more heavily on Social Security** for their income than they do on any other source.
- **One-seventh of elderly households had a net worth of less than \$5,000**, and one-fourth had a net worth below \$25,000 in 1988. The largest portion of net worth of the elderly is in the form of home equity. About two-thirds of the total net worth of households of the elderly comes from their primary home or residence.

## NEW BEGINNING COALITION: KEY TRENDS [HIGHLIGHTS FROM THE BASELINE CONFERENCE]

*Trend 5: There exists a national thrust towards greater inclusion and integration of people with disabilities and a movement to eliminate stigma, blame, and physical and emotional isolation.*

The 1990 U.S. Census, the first to provide data on Americans with disabilities, estimates that 13.2 million persons 16 years and older have some difficulty in outside mobility or self-care.

A 1987 study indicated that the percentage of persons with **disabilities in basic life activities increased with age**: from 6.0% of those 55-64, to 11.8% for those 65-74, to 26.5% for those 75-84, and to 57.6% for those 85+.

As of 1988, it was estimated there were **114,266 disabled persons of all ages residing in San Mateo County**. Of that number, 25.2%, or 28,765 persons, are projected to be over the age of 65. Between 1988 and 1990, the projected number of disabled persons in San Mateo County increased to 117,000, a 2.4% increase.

The State Department of Rehabilitation estimates that at least 0.3% of the total population suffers from **disabilities** which affects their housing needs to a significant degree. Based on this estimate, **2,000 disabled people in San Mateo County have special housing requirements**: i.e., access to medical facilities, transportation, or design features.

According to data collected from key informants residing and working in San Mateo County with adults with disabilities, there exists a national thrust towards a **greater inclusion and integration of people with disabilities** and a movement to eliminate stigma, blame, and physical and emotional isolation. Key trends in this area reveals that new and established leaders in the field are advocating:

- moving from the old institutional care model to a new one in which professional care providers are part of a community supported one
- collaboration to find ways to eliminate the physical, social and psychological isolation experienced by the disabled and in its place, developing a care provider systems that fosters physical, social, and psychological integration
- putting to rest outdated categorical terminology, and in its place adopting new definitions that will significantly reduce prejudice, fear and misunderstanding
- the development of a new culture built upon a foundation of community, care-provider and family partnerships



*Trend 6: America's elderly adults want to move away from institutional care towards increased in-home and community support: i.e. independent living and aging in place.*

Note the follow excerpt from G. D. Rowles recent book, *"Evolving Images of Place in Aging and Aging in Place"* :

Fashionable phrases in gerontology like "successful aging" and "continuum of care" have recently been supplemented by a new mantra: "aging in place" (Calahan, 1992 and Tilson, 1990). The phrase has emerged in the context of a societal image of the desirability of growing old in a familiar environment. At the heart of this concept is a belief -- a belief gradually being subsumed within public policy -- that older people, particularly as they grow more frail, are able to remain more independent by, and benefit from, aging in environments to which they are accustomed. The benefits of residential stability are framed in sharp contrast to images of the stresses experienced by the need to relocate to progressively more supportive environments as frailty increases.

Implicit in the notion of aging in place as a policy priority is an assumption that the process of inhabiting a place, over time, somehow results in development of a distinctive sense of attachment that may be adaptive -- and particularly so for older people. Recent studies have provided some support for this perspective. But none, to date, has directly sought to explore the way in which the growing body of research on the role of place in the experience of aging provides both an underlying rationale and, at the same time, the basis for critique of aging in place as an underpinning of contemporary elderly housing and social policy.

What does this mean programmatically? Can we come up with suggestions that more fully acknowledge the link between the role of place in aging and the idea of aging in place as a rationale for policy? Not only must we fine tune existing programs to incorporate the benefits of the aging in place initiative, but as well do something in the research, planning, and implementation of new programs. This can most readily be accomplished by building upon the foundation of "practical considerations", which have provided a sound rationale for the contemporary aging in place philosophy. With recognition of the more subtle aspects place in aging, new ventures are more likely to prosper and grow.



*Trend 7: There is a national thrust towards fostering the growth and development of the self-help movement.*

Key local authorities interviewed say that there is currently a:

- power-shift from professional/provider domination to consumer domination
- power-shift from recipient to partner to advocate
- power/self-reference shift: from patient to client to citizen/consumer
- direction shift: from professional control/direction to self-direction and choice
- intervention shifts: from professionals only toward peer support/partnerships
- systems-shift: from professional support system to folk support system
- service-shift: from agency-based services to supports at home, school, and work
- service-shift: from clinical/verbal therapies to residential/community support
- service-shift: from treatment team to case manager to consumer networks
- service-shift from care plan to IHPs/ISAs to personal futures plan
- language-shift: from diagnoses/labels/deficits to assets/capabilities

Moreover, self-help proponents advocate **a consumer-driven system versus an economic one.** Specifically they want:

- minimal duplication and sensible regulations
- the appropriate mix of centralized and decentralized services
- flexible, sliding fee scales, and help for those who cannot pay
- respect for cultural, ethnic, and family values and traditions
- complete access for those with physical limitations
- extended hours of operation
- their own place, or at least their own room
- to move beyond SSI
- a say over medication they take, and when to end it
- to possess meaningful social contacts and fulfilling emotional and sexual relationships
- the self-help movement to be part of their on-going recovery
- peer counseling programs and classes to make the transition to college
- therapy, but without the stigma

*Trend 8: Information and communications technologies will continue to rapidly change the medical world.*

Key informant interviews reveal changes that are either underway or foreseeable, and include:

- electronic communication networks among consumers and consumer families continuing to rapidly grow and mature
- consumer networks becoming more popular for accessing information and resources across the country
- consumer advocacy on behalf of family members needing services growing with greater access to information via on-line super-highway data bases
- case managers who used to be advocates who “opened gates” increasingly forced into the role of “gate-keeper”: restricting access to resources when scarce
- electronic telecommunications reducing, as well as altering, the role of the case manager
- electronic telecommunications augmenting Information and Referral and Intake and Assessment systems
- electronic telecommunications having a major impact on support service planning and allocations of resources

*Trend 9: The health care system is changing from categorical definitions to more functional/generic definitions, as is the funding.*

According to data collected from key informants residing and working in San Mateo County, recent examples of this shift include:

- the influence and implementation of American Disabilities Act
- the declining importance of categorical, disability, and age-related definitions in daily health care practice
- trends toward assessing functional ability rather than categorical disability
- trends toward generic support services which fit a variety of situations regardless of age, disability, or diagnosis
- development of a public authority model that has the potential for blending and maximizing various funding streams
- interest at the State level in moving away from categorical restrictions
- developing single licensure for adult day services
- developing a single state administrative entity to consolidate services
- developing a baseline reimbursement rate for core services
- defining levels of care and assessing functional abilities
- developing add-on augmentations based on client needs and care plans
- developing reimbursements from insurance companies, worker’s compensations, managed care providers, and long-term care policies

*Trend 10: America is focused upon changing the overall financing of health care to create a universal plan.*

Since the Clinton Administration took office in January 1993, the major themes associated with this include:

- universal coverage for all Americans
  - decrease in cost shifting
  - re-definition of government responsibility as payor
  - re-distribution of resources to under-serviced areas and populations
- portability/transferability of benefits
- fewer exclusions: eliminate pre-existing conditions
- more opportunity to assign risk: larger risk pools
- greater share of revenue from employer/employee
- increase in cost containment
  - managed competition
  - greater cost containment
  - increased capitation
  - increase in provider initiated efficiencies and models
- expanded HMO models
  - increase in social HMO models for LTC
  - increase in mental-HMO models for the seriously mentally ill



*Trend 11: Our State's health care reform program is moving towards a managed care system.*

Examples of this include:

- AB1288 [State-Local Program Realignment Act], 1991:
  - gave counties fiscal authority over institutional and community services
  - created permanent tax source for county mental health services: a percent of sales tax
- Short-Doyle/Medi-Cal "Rehabilitation Option", 1993:
  - coordinated care model for Seriously Mentally Ill [SMI] clients
- State Department of Health Services: "Plan for Expanding Medi-Cal Managed Care" 1993:
  - intent to integrate Medi-Cal provided mental health services into county mental health services
  - State wants fully consolidated and capitated managed mental health care system
  - system to be phased in stages: San Mateo County is moving pro-actively
- integration/consolidation of two existing Medi-Cal mental health systems
  - creating a flexible and "seamless" mental health system
  - consolidated management of inpatient services by October 1994
  - consolidated management of all other mental health services by July 1995
  - full capitation through managed care contracts (July 1996-July 1997)
- centralized assessment/accountability
  - central assessment team: consistency in clinical protocols and effective control of funds/authorization
  - managed access/control of institutional care and costs: AB1288
  - greater flexibility using Medi-Cal Rehabilitation Option
- decentralized service delivery for clients who are not seriously mentally ill [non-SMI]
  - county mental health already decentralized into CSAs and moving to decentralize primary care system
  - shift of mental health treatment responsibility to primary care providers
  - expanded role of mental health clinicians in consultation, medication review
  - expanded role of mental health clinicians in special circumstances
  - expanded treatment role in dual diagnosis: mental health and drug/alcohol
- decentralized community-based care for those who are seriously mentally ill [SMI]
  - expansion of special needs housing based on one patient per room
  - exploration of integrated services agency model for community
  - exploration of increased access to community care system by private health care provider contracts
  - integration of psychiatrists into Integrated Service Agency [ISA] models
  - exploration of a mental HMO capitation model



*Trend 12: Agencies/organizations are beginning to change their current working relationship to foster more collaboration.*

Listed below are a few examples of the types of changes currently underway or planned:

- developing community-based care/supported living
- reducing competition between agencies
- moving towards the functional care, for whole person
- becoming more consumer-driven
- providing Seamless service delivery (“one-stop” shopping)
- being proactive
- remaining flexible and adaptable
- more and higher quality client-centered services
- building client-centered services system
- building an adult day services network
- integrating, including, and creating accessibility for all
- aging in place philosophy
- decentralized health-care system: no bureaucracy
- identification and implementing great ideas
- developing the full potential of senior center services
- high quality leadership at the County and State levels
- more education, prevention, outreach, and related funding
- reducing the duplication of services provided/planned
- shaping funding sources, versus trailing them
- forming advisory groups with key stakeholders
- more consumer awareness, involvement, and input
- being more strategic and proactive in planning
- be able to evoke change
- creating measures/reports to chart progress and success
- tilt mindsets towards preventative care

*Trend 13: The existing transportation system in San Mateo County needs to be improved to meet the disparate needs of elderly adults and seniors with disabilities.*

Interviews with key informants living in San Mateo County indicated that:

- more transportation is needed for low income and disabled residents in housing projects and retirement facilities
- senior citizens need free or affordable transportation
- access to Redi-Wheels needs improvement
- senior citizens need more weekend and weekday transportation
- adults with disabilities need special trains/buses
- senior citizens need vans/buses for short and long trips
- volunteers to pick up, deliver, and return senior citizens from medical and related appointments
- more frequent service is needed from SamTrans
- weekend transportation to churches needs to be expanded from two buses
- churches and other institutions need to advertise if they have transportation
- senior citizens should consider donating their cars for tax deduction or taxi vouchers

*Trend 14: San Mateo County is experiencing an erosion quality of life, community ideals, and family values [i.e. greater crime and violence, greater homelessness, and greater substance abuse].*

According to key informants, it is the community's desire to **prevent further decline**. Values they have attached include:

- being safe in our homes and in our streets
- developing a multicultural community between ethnic groups
- fostering respect and acceptance of elderly parents from other places who are joining their children in San Mateo
- understanding for those with special needs and those with different racial and cultural backgrounds
- creating an intergenerational community
- creating opportunities for all ages and abilities to live, work, and play together
- fostering mutual assistance within extended families and among all age and disability groups
- creating a more inclusive community with affordable senior housing and affordable housing for the disabled
  - with affordable residential and custodial care
  - with acceptance and full community participation by people with disabilities
- creating opportunities for seniors to stay in touch regularly with the broader community
- possessing a modest level of financial security
- staying active
- not having to worry about adequate health care coverage
- having a support system in place to remain independent: able to socialize, feel included, changed, and accepted.
- balance and spiritual harmony between people and nature
- nourishment and stimulation for the mind and the spirit



## **Appendix E**

**New Beginning Coalition Journal  
Materials for Visioning Conference  
September 27-28, 1994**





# NEW BEGINNING COALITION JOURNAL

September 1994

Volume 1

## WELCOME TO OUR VISIONING CONFERENCE: REINVENTING OUR FUTURE

Dear Concerned Citizen:

I am pleased to welcome you to the Visioning Conference for the New Beginning Coalition, scheduled for Tuesday and Wednesday, September 27 and 28, 1994. This conference is the culminating event, to date, of our three-year effort to develop a comprehensive Strategic Plan for services to senior citizens and adults with disabilities in San Mateo County.

The Visioning Conference, titled *REINVENTING OUR FUTURE*, will be an exciting day-and-a-half event, as described by the agenda provided in the lower half of this page. After a provocative and stimulating presentation describing fundamental social, demographic, medical, and economic developments which will affect our lives here in the San Francisco Bay Area, we will review important "prouds and sorries" which characterize our history of achievement as

a system of organizations providing services to senior citizens and adults with disabilities. Then, we will assess our current strengths and weaknesses, before turning to a discussion of "mindsets" or "values" which we want to leave behind or carry into the preferred future.

On Wednesday morning we will break into "think tanks" to define and refine up to ten portraits of the desired future we want to create in San Mateo County by the year 2000. Each "think tank" will concentrate on one of the strategic directions identified in day one.

These portraits will be shared during lunch.

Following lunch each "think tank" will turn to the task of describing in as much detail as possible the strategies and steps which need to be taken to reach the pre-

ferred future described in each of the year 2000 portraits.

The day promises to be full, and stimulating. To provide us with your best ideas and comments, please take time to review the issues presented on the following pages. The issues are presented by general topic, with data, ideas, challenges/opportunities, and comments presented together on a page.

Come to the Visioning Conference ready for discussion, ready to "reinvent" our community for the Year 2000. Thank you, in advance, for the richness and generosity of your contributions to our effort.

Very truly yours,

Janet Hofmann  
Chair, New Beginning Coalition



## NEW BEGINNING COALITION: VISIONING CONFERENCE AGENDA

### Tuesday, September 27, 1994

- 1:30 p.m. Introductions and Opening Remarks
  - Background: New Beginning Coalition
  - Purpose of the Visioning Conference
- 1:50 p.m. Reinventing Our Future: Our Challenge
- 2:15 p.m. San Mateo County, 1994:  
An Overview of Our Community
- 2:30 p.m. Our Prouds and Sorries/Our Strengths & Weaknesses  
*Looking Backward and Looking at the Present*  
[Pre-Selected Sub-Groups][Facilitators]
- 3:15 p.m. Refreshment Break: [Sub-groups post reports]
- 3:30 p.m. Our Mindsets, Assumptions & Values  
*Looking Inward and Looking Forward*
- 4:15 p.m. Reporting back
- 4:30 p.m. Crystal Ball: The Year 2000:  
*The waves washing over us and our images of the Preferred Future for San Mateo Co.*  
[Preparing for Wednesday: Picking your Wave]
- 5:00 p.m. Reception

### Wednesday, September 28, 1994

- 8:30 a.m. Review of Day 1
- 8:45 a.m. Defining Our Preferred Future: Session 1  
[Think Tanks with Facilitators]
- 10:15 a.m. Refreshment Break
- 10:30 a.m. Defining Our Preferred Future: Session 2  
[Think Tanks with Facilitators]
- Noon Lunch
- 1:00 p.m. Strategies to get There: Session 1  
[Sub-Groups with Facilitators]
- 2:15 p.m. Refreshment Break
- 2:30 p.m. Step by Step into the Future: Session 2  
[Sub-Groups with Facilitators]
- 3:45 p.m. Putting It All Together:  
*An Outline of the Strategic Plan for the Year 2000*
- 4:15 p.m. Closing Remarks - Next Steps
- 4:30 p.m. Salute to Our Effort

# REINVENTING OUR FUTURE

## OUR COMMON GROUND!

### How much do seniors have in common with people with disabilities? More than we realize!

On the obvious level: we are all adults; we all confront certain challenges and risks related to living independently; when we are challenged in our abilities to maintain our independence, we welcome similar kinds of services and supports to maintain our independence; we are all fiercely anti-institutional; and we all are committed to full community integration and inclusion.

On the planning and administrative level: we are represented in two public commissions which work together (the Commission on Aging and the Commission on Disabilities) and we are members of the New Beginning Coalition; and the publically funded services are organized within Aging and Adult Services and we work with the same staff within that division.

On the gut level: we both have experienced, or will experience, **social role devaluation** within our contemporary society.

Walter Lippmann observed in the 1920s that in the process of labeling people: "We do not see and then define. We define first; then we see."

Historically and currently, people with disabilities tend to be labeled and stereotyped, and excluded from valued roles. But since the 1980's people with disabilities who were the most stigmatized have become workers, tenants, owners, friends, neighbors, parents, and full members of the community. Such transformations are possible because of the emergence of formal support systems that assist communities in becoming more hospitable to people with disabilities and their families, and the emergence of resources, knowledge, laws, and interventions that open the door for full inclusion. Accordingly, the fundamental theme within the growing movement of people with disabilities is a reclaiming of their right to choose, live, work, and recreate, where they want and with whom they want. The goal of full physical and social inclusions as part of a community represents a fundamental challenge to this and any society which de-values or stereotypes people with disabilities.

The same forces in contemporary American society which de-values adults with disabilities, tend to de-value and stereotype seniors as well. Far too many people believe that it is normal and acceptable for seniors to surrender meaningful social roles at the age of retirement. The movement among seniors nationally and in San Mateo County is a fundamental challenge to such stereotypes and role devaluation.

People with disabilities have been saying loud and clear, NO MORE. We are here! We belong! We have choices! We are full and valued members and leaders within this community! When Seniors get in touch with their gut feelings about the subtle and not so subtle ways society de-values their bodies, minds, and spirits, they are saying also: NO WAY. We are here! We belong! We have choices! We are full and valued members and leaders within this community.

When people with disabilities and senior get together ... LOOK OUT! We are united around some common service and support needs, but we are united at a gut level to challenge the current state of affairs and beliefs. We have the power together to change the way we are perceived and to shape our own destiny in this county in ways that fully respect who we are in every aspect of our being.

We can do this separately. But our common ground and our common experience makes the doing of it together a much more exciting and powerful adventure.

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\*Adapted and paraphrased from Bruce C. Blaney: "Adulthood or Oldness: In Search of a Vision" in *Creating Individual Supports for People with Developmental Disabilities*, edited by Valerie J. Bradley, John Ashbaugh, Bruce C. Blaney, Brookes Publishing Co., Baltimore, Md. 1994.



# REINVENTING OUR FUTURE

## Safe Accessible Livable Communities



What is the vision and the role of New Beginning in creating and sustaining safer, more accessible, and more livable communities for seniors and adults with disabilities?

The collective vision presented below was created by San Mateo seniors and adults with disabilities who participated in one or more community forums, facilitated by volunteers from the New Beginning Coalition.

### North County Forums: General Forums

- St. Andrew Community (Daly City) 5/18/94
- Retirement Inn 4/14/94
- Amberwood Apartments (Daly City) 4/8/94
- San Bruno Senior Center Individual Forms

### North County: Asian/Pacific Islander Forums

- Filipino American Senior Association 3/31/94
- Daly City Filipino Organizing Project 2/26/94
- So. San Francisco American Filipino Senior Group 4/19/94
- Daly City Program Community Forum (Chinese/Filipino) 5/23/94

### North County: Hispanic Community Forum

- Unidad de Pacifica 4/5/94

### Central County: Community Forums

- Millbrae Park and Recreation Center 4/7/94
- Self-Help for the Elderly 4/9/94

### Central County: Community Forum (Hispanic Group)

- MLK Center in San Mateo 6/16/94

### South County: Needs Assessments Forums

### Coastside Community Forums

- Half Moon Bay Library 3/31/94
- Senior Coastiders 3/15/94

### Commission on Disabilities Forum Disability Providers Forum

5/26/94

## I. In order to Create and Sustain Safe, Accessible, & Livable Communities, we want:

- **A safe community:**  
We want to be safe at home, in the streets, and safe from harassment.
- **A multicultural community:**  
We want more interaction among ethnic groups, and decreased backlash toward immigrants.  
  
We want less "Not in my Backyard" [NIMBY] sentiment.  
  
We hope for increased understanding of those with special needs and those of different races & cultural backgrounds.
- **An intergenerational community:**  
We want communities where persons of every age and ability can live, work, play.  
  
We want regular opportunities to feel close to children, friends, and neighbors.  
  
We hope to find companionship, mutual assistance and support among all ages so that everyone is valued as a contributing member of the community.
- **Services, shopping, and activities where we live:**  
We prefer shopping, activities, and services within walking distance and all facilities and places accessible to seniors and adults with disabilities.
- **A more inclusive community:**  
We hope to foster acceptance and full community participation by people with disabilities.  
  
We support a variety of affordable housing options with homes and apartments accessible to wheelchairs, walkers, and other assistive devices.
- **Affordable, dependable, accessible transportation:**  
While we prefer services, shopping, activities within walking distance, we want to be able to reach services, shopping, and activities elsewhere.

## II. We want to foster and sustain Healthy Lifestyles:

- **A healthy lifestyle means:**
- **Being connected, not isolated**  
With opportunities to stay connected with the broader community
- **A modest level of financial security and opportunity to work**
- **Staying active**  
Take the bull by the horns to get things done.  
  
Seniors and adults with disabilities "running things" in the community, serving on boards, planning groups, and in government as advocates for change.  
  
By volunteering time, transportation, shopping assistance, support, and personal assistance to others who are less independent.
- **Not having to worry about adequate health care coverage**  
i.e. Universal health insurance coverage for quality medical care with no exclusions
- **Having the supports needed to remain independent as long as possible**  
With opportunities to socialize, feel included, challenged, and accepted.
- **Balance and harmony:**  
Meeting human need is as important as material possessions.  
  
Spiritual needs are as important as physical needs.  
  
Harmony with people is as important as harmony with nature.  
  
Enjoying the environment is as important as protecting the environment.
- **Nourishing the mind and spirit**  
Keeping intellectually and cognitively challenged.  
  
Seeking opportunities to work and volunteer.  
  
Seeking opportunities to be creative, productive, useful, learning and growing.
- **Accepting our natural life processes: birth-maturing-death**

## III. We want the support we need where we need it:

- **How to access the service system:**  
Regardless of our race, ethnicity, or language.  
  
Using affordable case managers.  
  
With barriers removed which limit access for those with functional impairments.
- **We'll demand that the network be consumer driven and user friendly:**  
Minimal duplication and sensible regulations.  
  
An appropriate mix of centralized and decentralized services.  
  
Flexibility, sliding fee scales, and help for those who cannot pay.  
  
Sensitivity to cultural, racial, and ethnic values and traditions.  
  
Easy access for those with physical, developmental, & emotional impairments.  
  
Extended hours of operation, plus evening and weekend access.  
  
Trustworthy staff who treat you with dignity and respect.  
  
Expanded volunteer, escort, and paratransit services for shopping, personal needs, medical and service appointments, and attending social and religious events.
- **The services will be designed to support and maintain full independence and full social inclusion:**  
In home supportive services: chores, cleaning, shopping, and assistance with activities of daily living  
  
In home health care: medication, physical therapy, & nursing.  
  
Respite and relief for caretakers.  
  
Expanded friendly in-person visiting, and telephone visitation.  
  
Expanded meals-on-wheels and shopping assistance services plus a support network for those shut in or isolated.
- **Culturality and professionally competent long term care will be available when all other community supports are unable to sustain independence.**



# REINVENTING OUR FUTURE

## SOCIAL INCLUSION



How shall we embrace and sustain the movement toward full social inclusion and genuine community integration for senior adults with

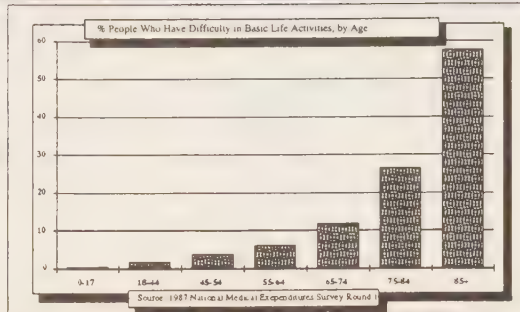


### IDEA FILE

#### WHAT DO YOU SEE FOR THE FUTURE?

#### FULL INCLUSION FOR ADULTS WITH DISABILITIES

People with Disabilities need to be self-advocates, and young people with disabilities need to become advocates.



## TRENDS-PARADIGM SHIFTS: DEVELOPMENTAL DISABILITIES

Each stage represents a new way of thinking about the person, the setting, the services, and the decision makers

	Stage One: '30s-late '60s "Institutionalization - Segregation"	Stage Two: '70s - '80s "De-institutionalization-Physical"	Stage Three: '90s - 2000 "Inclusion-Social Integration"
Person of Concern	The Patient	The Client	The Citizen
Typical Setting	An Institution	Group home, Workshop, Class "in the community in segregated settings"	Person's home, School, Work "part of the community"
Services	Care	Programs	Supports
How are services planned	A Plan of Care	An individualized service plan	Self-advocacy, choice, future plans
Who controls planning	A Professional	Interdisciplinary Team	The Consumer
What is highest priority	Basic Needs	Skill development behavior management	Self-determination, supportive network, and relationships



### IDEA FILE

What would the ideal community system look like to support the independence and quality of life for seniors and people with disabilities?

- Accessible Transportation
- A system of In Home Supportive Services that would make people with disabilities as independent as possible
- Social recreation
- An inclusive resource of services
- Sensitivity to seniors and people with disabilities
- Crime free and user friendly society
- No more categorical programs: functional definitions
- Adequate personal assistance

### CHALLENGES AND OPPORTUNITIES

#### The Challenges

- Persistent stereotypes about the DIS-abled
- "Not in my backyard" NIMBY sentiments
- Inadequate accessible transportation
- Old mind sets: paternalism, segregation, control
- Family caretakers becoming disabled

#### The Opportunities

- Non-categorical approaches and funding
- New models to blend funding: e.g. expansion of the Public Authority model
- The self-help movement
- Technological advances in communications/networking
- Technological advances in mobility and assistive devices



A major shift in understanding and delivering services to the physically, mentally, and developmentally disabled includes any or all of the following:

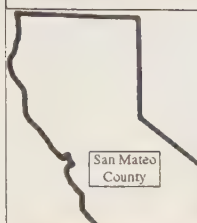
- a power shift from professional or provider direction to consumer self-direction.
- a power shift from the idea of a dependent recipient of services to that of a partner and self-advocate.
- a language and reference shift from patient/client to citizen/consumer.
- a shift in control from professional and agency control to self-direction and choice.
- a systems shift from professional interventions to community or personal support systems.
- a service shift from agency-centered services to supports at home, school, and work.
- a service-access shift from case manager to consumer networks.
- a service planning shift from care plans, and service plans to personal futures planning.
- a language shift from diagnosis/labels/deficits to assets and capabilities.



### IDEA FILE

Being in the community is not necessarily being a part of the community. Physical integration is not the same as social integration: People can be de-segregated and still be isolated and out of the mainstream as they were in their segregated settings: even though they may be living, working, and attending school in the community.

# REINVENTING OUR FUTURE



How will we develop, sustain, and monitor community-based systems of support for senior citizens and adults with disabilities in North, Central, South Counties and Coastsides?

Who will plan, monitor and advocate in each area of the county?

Who listens?  
Who sets policy?  
Who funds?

What information is needed?

What staff and volunteer resources are required?



## STATUS REPORT



- **San Mateo County has identified four Community Service Areas (CSA's)**  
 North Co. CSA: Brisbane, Broadmoor, Colma, Daly City, Pacifica, San Bruno, South San Francisco  
 Central Co. CSA: Burlingame, Foster City, Hillsborough, Millbrae, San Mateo  
 South Co. CSA: Atherton, Belmont, East Palo Alto, Menlo Park, Portola Valley, Redwood City, San Carlos, Woodside  
 Coastsides CSA: El Granada, Half Moon Bay, La Honda, Loma Mar, Montara, Moss Beach, Pescadero, Princeton, San Gregorio
- **San Mateo County is moving to complete the process of decentralizing most of the public services into each CSA:**  
 Eligibility determination, Primary Health Care, Public Health Services, Mental Health Services, Drug and Alcohol Services, and Aging & Adult Services.
- **The potential exists to build in each CSA a comprehensive community based system of care and support for senior citizens and adults with disabilities.**



## CHALLENGES AND OPPORTUNITIES

### The Challenges

- Each CSA has distinct characteristics.
- Decentralization and centralization forces are always in creative tension.
- Most service data is not gathered nor analyzed by CSA.
- Demographic trends are not gathered and analyzed by CSA.

### The Opportunities

- Who will do the planning, monitoring, and advocating for change in each CSA?  
 -Sanctions, approvals and resources will be needed to carry out the planning, monitoring and advocacy functions.  
 -Collaborative agreements are needed with those who represent special interests or special populations in each CSA.  
 -Can effective consumer/provider planning and advocacy groups be organized and supported in each CSA.
- Who are the policy makers and resource decision-makers in each CSA who need to be influenced?
- What resources will be needed (staff, volunteers, facilitators,) to carry out the planning, monitoring and advocacy efforts in each CSA?
- Can New Beginning develop and sustain these necessary resources?
- What demographic, planning, and monitoring data need to be gathered to carry out this work?  
 -Will all providers be willing to gather and report utilization data by CSA?  
 -Will consumer/provider advocacy groups in each CSA have the resources to review utilization data at least quarterly and monitor progress against the New Beginning Coalition Strategic Plan?



## DEMOGRAPHICS



## CRYSTAL BALL 2000

- In each CSA an active and effective consumer/provider advocacy group has been organized.
- All service providers are reporting utilization data quarterly by CSA.
- In each CSA the consumer/provider advocacy group reviews demographic trends and utilization data and monitors services and progress against the goals and objectives of the New Beginning Strategic Plan.

### Demographics Of Each CSA

% of Total County Population  
 % of Caucasian Population  
 % of African-American Population  
 % of Native American, Eskimo, Aleut Pop.  
 % of Hispanic Origin Population  
 % of Asian and Pacific Island Population  
     Filipino  
     Chinese  
     Japanese  
 % of households where no English is spoken

### North

35.6%  
 28.3%  
 36.8%  
 45.1%  
 42.8%  
 61.8%  
 83.6%  
 52.4%  
 26.0%

Most Asian/PI Homes

### Central

30.5%  
 34.0%  
 14.2%  
 21.9%  
 19.4%  
 25.8%  
 10.8%  
 36.4%  
 53.2%

Most Hispanic Seniors 75+

### South

27.9%  
 30.2%  
 47.6%  
 27.4%  
 33.4%  
 10.6%  
 4.3%  
 9.74%  
 16.8%

Most Growth by 2010

### Coastsides

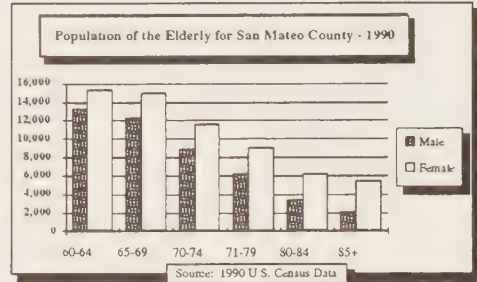
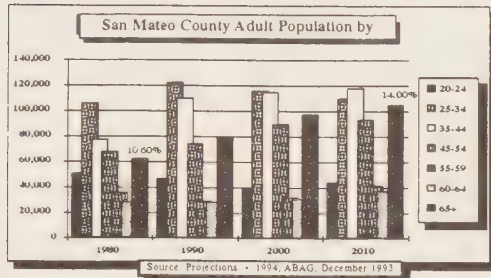
2.9%  
 3.7%  
 0.3%  
 2.8%  
 2.5%  
 0.6%  
 0.5%  
 0.3%  
 1.5%



# REINVENTING OUR FUTURE

## OUR COMMUNITY IS AGING

How shall we modify our system of community-based care to address the aging of our County and the increased numbers of older women with reduced income forecast for San Mateo County?



The number of senior citizens in San Mateo County will increase from \_\_\_\_\_ in 1990 (10.60%) to \_\_\_\_\_ in the year 2000 (14.00%).

Women will increase in proportion to men with each five year increment of age, so that at 85+, there will be 162.3% as many women as men in San Mateo County.



### DID YOU KNOW?

- The number of persons 85+ will more than triple between 1980 and 2030, and will increase 7 times by 2050.
- Between 1990 and 2030 the population 65+ will more than double.
- Senior citizens especially women face poverty at greater rates than younger adults.
- Minority women are \_\_\_\_\_ times more likely to be living below poverty than \_\_\_\_\_



### IDEA FILE

- As San Mateo's population becomes older and more culturally diverse, the role of seniors and minorities will expand on boards, planning groups, commissions, and in public office.
- There is an increasing number of retired persons in good health.
- There is a noticeable increase in interest in part-time employment and volunteer assignments among "retired" persons.
- Potential for greater organizing/networking among seniors to make the whole system accessible.



### Trend: Aging in Place

Adapted from Graham D. Rowles,

*"Evolving Images of Place in Aging and Aging in Place"*

Fashionable phrases in gerontology like "successful aging" and "continuum of care" have recently been supplemented by a new mantra: "aging in place". The phrase expresses the benefits and the desirability of growing old in a familiar environment. At the heart of this concept is a belief that older people, particularly as they grow more frail, are able to remain independent by, and benefit from, aging in environments to which they are accustomed.

ment that may be adaptive -- and particularly so for older people.

If "aging in place" becomes the cornerstone of public policy and service delivery, then the notion of a "continuum of care" through which a person moves as frailty increases would be replaced by a system of supports and interventions built around residential stability in a familiar environment.

Implicit in the notion of "aging in place" is an assumption that the process of inhabiting a place, over time, somehow results in the development of a distinctive sense of attach-



### CRYSTAL BALL 2000

Potential for mobilizing seniors and people with disabilities:

- to address the whole human condition
- to work as volunteers and staff
- to promote stabilization of neighborhoods
- to develop communities where the needs of seniors and people with disabilities will be met along with the needs of families and children.



### DID YOU KNOW

San Mateo County will experience these shifts in population by age groups:

	2010	2030
Ages 20-44 to decline	<13.7%>	
Ages 45-59 to increase	+31%	
Ages 60-64 to increase	+30%	
Ages 65+ to increase	+31%	+100%
65+ F:M ratio in poverty	5:1	10:1
Ages 85+ to increase		+200%

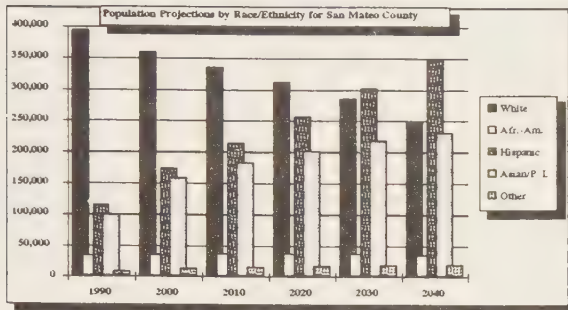
# REINVENTING OUR FUTURE

## CULTURAL RACIAL DIVERSITY

How shall we embrace the increasing cultural and racial diversity forecast for San Mateo County?



### DEMOGRAPHICS



### DID YOU KNOW

- The Caucasian population is declining by 2040 whites will number 250,200.
- The African-American population will plateau and will number 35,300 by 2040.
- The Hispanic population will increase mostly on the bayside to 347,600 persons by 2040.
- The Asian/pacific Island population will increase in North and Central Co. to 250,700 by 2040.



### Idea File

**"We have a great opportunity to honor, respect, and affirm diversity."**

The demographic trends present wonderful opportunities to expand cultural awareness, sensitivity, and understanding in our communities and within the network of services for seniors and adults with disabilities.

- Potential for re-distributing resources to reflect the increasing diversity of the population. A changing world requires changing priorities.
- A pastor with an Asian parish notes how difficult it is for Chinese Americans to take advantage of services the way they are presented. He sees the need for more cultural sensitivity training, greater cross cultural understanding, and outreach to minorities.

### COMMUNITY COMMENT FORUMS

**We welcome a multicultural community with...**

- greater interaction among ethnic groups,
- decreased backlash against immigrants,
- increased understanding and acceptance of those with special needs and those with different racial and cultural backgrounds



### POINT OF VIEW: HISPANICS IN COMMUNITY FORUM

The needs of Hispanic seniors have not been totally met.

The major barriers are language and lack of understanding of cultural differences.



### POINT OF VIEW: WORKERS ASSISTING ASIAN/PACIFIC ISLANDERS

Superimposed on the need for affordable housing, affordable health care, transportation and income is an explosive growth in the Asian/Pacific Islander senior population which is generating an increased demand for culturally appropriate services which should:

- address major language barriers
- respect Asian/Pacific Islander's cultural values and traditions
- foster communication across cultural/ethnic lines



### CHALLENGES AND OPPORTUNITIES

- to decrease language and cultural obstacles influencing access to information
- to decrease language and cultural obstacles influencing access to services
- to expand cultural awareness and understanding to achieve:
  - a more bi-cultural and bi-lingual staff
  - greater awareness of cultural values, mind-sets, experience, and sensitivities, which impact how services are perceived
  - better training programs aimed at eliminating miscommunication (verbal and non-verbal) that may inhibit the quality of programs and services
- to increase awareness that western/anglo preconceptions may conflict with those who make health care decisions in certain cultures:
  - In some cultures respect and family honor affect health care and service decisions
  - In some cultures the family, religious leaders, or patriots exercise more influence than the patient
- to take advantage of current research on ethnogeriatric studies (e.g., Stanford Geriatric Education Center) to reorganize service interventions to be more culturally relevant and appropriate to various cultures and minorities





## CONSUMER MOVEMENT

How shall we integrate the vitality and potential of consumers and the self-help movement into the planning, monitoring, and operations of our community-based system of care?



### IDEA FILE

A new way of thinking is required regarding the role and power of seniors and adults with disabilities in every aspect of the system. The major new force for reform is senior citizens uniting with adults with disabilities on issues of mutual concern.

The change from a system based on service to a system based on supports requires a profound shift from a professional/provider dominated system to one that is driven by the choices and preferences of consumers and people with disabilities.

The adoption of the "supports paradigm" means a profound change in the relationship between service customers and those who provide the services. The preferences of senior citizens and people with disabilities is at the center of any consideration of where they will live, work, or recreate.

### IMPLICATIONS FOR PROFESSIONALS:

The previous era placed the professional very much in charge of the direction and content of services and led to a dramatic expansion of the disability industry in the community.

The new movement will alter the relationships between providers and adults with disabilities and their families. The adults with disabilities become the subject rather than the object of any interventions.

### IMPLICATIONS FOR PROVIDERS:

Agencies that have been successful at shifting from traditional services to embrace the consumer self help movement have these characteristics:

- an articulated mission that reaches every level of the agency
- an openness to change and self-examination
- non dogmatic and not defensive
- a participatory spirit that includes consumers and adults with disabilities in policy and planning decisions.
- focus on strengths and assets of staff and consumers
- committed and caring leadership



## CHALLENGES & OPPORTUNITIES

### Challenge

Can the relationship between self-help groups and professionals insure the autonomy of the self-help group and enhance empowerment?

### Opportunity

Professionals can become partners by assuming a collaborative and consultative role: ("on tap, but not on top")

### Challenge

Can we develop interventions and create settings useful for those who are not now empowered.

### Opportunity

We can find ways to intervene in a form and with a style that is consistent with the idea of empowerment rather than with the idea of control.



### Idea File

## Power and stigma in the helping relationship

The "help receiving role" assumed by a client or a patient tends to be a stigmatizing role that underscores the person's inadequacy and places him or her in a dependent and passive role. The "help giving role" is characterized by higher status and self esteem. The professional/client relationship tends to be one of unequal power.

Self-help is based on shared ownership, consensual decision making and the mutual sharing of power. Since there is symmetry in the helping relationship, there is consequently no stigma attached to receiving help and no higher status or esteem derived from being the help-giver.

Stigma occurs when the individual is no longer seen as a whole, unique person, but as a representative of a labeled class of people. Since stigmatized persons grow up learning and internalizing the norms of the larger society, many stigmatized persons develop an identity that is marked by shame, self-degradation, reduction in expectations of success, and fear of rejection. Hierarchical helping organizations make the client feel even more powerless.



### POINT OF VIEW: COMMUNITY FORUM

"We need services that maintain and improve independence, health, and welfare of seniors and the disabled."

"In-Home support is needed, and the recipient should select the helper rather than accept one assigned by an agency."



### CRYSTAL BALL 2000

- The Self Help movement has expanded dramatically among seniors and among all advocacy groups for people with disabilities. There has been a major infusion of retired senior talent and leadership.
- Consumer organized and operated advocacy groups are alive and well in San Mateo Co. - e.g. people first
- Peer support and peer counseling are expanded and integrated into the service system.
- In several communities, a Neighborhood Care program operates based on the Neighborhood Watch concept but focused on seniors, adults with disabilities, and people who are isolated and at risk. Linkages staff and volunteers work closely with these networks.
- The community-based care system has become increasingly consumer driven: completely accessible; flexible fees/resources, extended hours; balance of centralized and decentralized services.

# REINVENTING OUR FUTURE



## INDEPENDENT LIVING

What changes need to be anticipated in our system of community and in-home supports if we are to genuinely support and enhance independent living for seniors and adults with disabilities?



### THE FUNDAMENTAL SHIFT

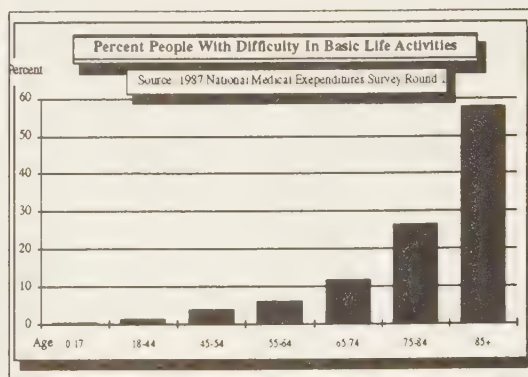
The change from a system based on service to a system based on supports requires a profound shift from a professional/provider dominated system to one that is driven by the choices and preferences of seniors and people with disabilities. The next generation of change must be governed by a new set of assumptions:

- All key participants at all levels of the system need to "get" the concept of supports and understand the methods of providing supports.
- The change process must be participatory involving all key participants, especially seniors and adults with disabilities and their families.
- Changing laws and regulations is not enough: need to change the way agencies are organized; need to change the role of front line staff.
- Change needs to begin at the local level: local decisions; community connections.
- Funding mechanisms need to be driven by individual needs rather than categorical definitions.
- Seniors and adults with disabilities and their families should be supported in their roles as decision-makers and participants in the policy-making arena.



### IDEA FILE

- Instead of moving the person to the services, the effort should be toward moving support to where people live choose to live.
- Instead of concentrating on how to make the individual adapt to the environment, ways of adapting the environment and supports to the individual should be explored.
- Rather than putting people into programs, this developing focus emphasizes creating a network of formal and informal supports that adults with disabilities need to meet day-to-day demands.



### KEYSTONES FOR INDEPENDENT LIVING

- Commitment to the community as the place where people should live, and where everyone has a right to live.
  - The task is to remove the barriers that keep the individual from participating in his or her chosen community. Therefore we no longer speak of community alternatives because there is no alternative to the community.
- Commitment to tangible social connections in the community
  - Developing enduring relationships with people other than those paid to be with you. Creating or strengthening each person's natural support system.
- Individualized Planning
  - Creating an array of adaptations to assist a person in gaining control over his or her everyday life.
- Flexible and Individualized Supports
  - Encouraging adults with disabilities to exercise control and choice. Supported living means that people live where they want and with whom they want, for as long as they want with the ongoing support needed to sustain that choice.



### IMPLICATIONS FOR STAFF

- ability and commitment to identify strengths in people
- genuine respect for diverse perspectives and life styles
- capacity to listen and reflect
- ability to subordinate one's own ego in the interest of the consumer or group
- willingness to step back and help the individual assume decision making and take action
- ability to analyze power relationships and help others to do so



### IMPLICATIONS FOR SERVICE SYSTEM

- Retrain staff to understand "supports"
- Increase interagency collaboration to assure access to a full range of supports
- increase local control over the shape and content of services
- develop cross-disability constituencies
- flexible funding
- collaborative planning and policy making involving seniors and adults with disabilities along with other key decision makers.



# REINVENTING OUR FUTURE



## MANAGING MANAGED HEALTH CARE

How will we balance the demands of "managed care" with the increasing numbers of seniors and adults demanding access to the latest medical technology?



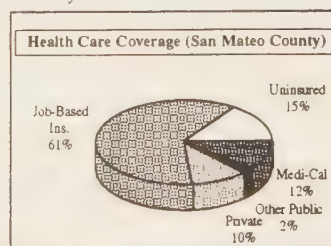
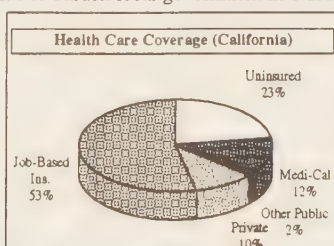
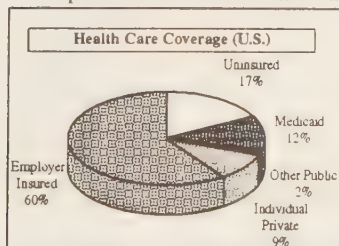
### TOWARD HEALTH CARE FINANCING REFORM: HOW MUCH OF THIS DREAM WILL BE DEFERRED

- most citizens covered: toward universal coverage for all Americans
  - decrease shifting of lost from the un-insured to the insured
  - re-distribution of resources toward under-served areas and populations
- portability/transferability of benefits
- fewer exclusions: eliminate pre-existing conditions
- more opportunity to spread risk: larger risk pools
  - greater share of revenue from employer /employee
  - increase in cost containment
    - managed competition
    - greater cost containment
    - increased capitation
    - increase in provider initiated efficiencies and models
  - expanded HMO models for long term care and for the seriously mentally ill



### THE DEMAND

- Older people consumer more and more expensive health care. Persons over age 65 require \$5,360/year compared to \$1,290/year in health care cost for those under 65. Persons over 65 account for more than 1/3rd of the country's total health care expenditures.
- As San Mateo's population ages, there will be a corresponding increase in demand for long term care and supports.
- The explosion in medical technology: organ transplants, joint replacements, heart bypasses, CT scans, MRI's etc. has a double edged impact on cost: they are expensive procedures and they keep more people alive who in the past would not have survived. Continued advances and breakthroughs in medication for the mentally ill are anticipated.
- The most recent report on the AIDS epidemic in San Mateo County indicates that the percentage of older persons with AIDS is twice as high as the national average and that this increase is primarily among older women. In San Mateo County 19% of the persons with AIDS are over 50 in contrast to about 10% nationwide.
- People without health insurance will continue to burden local government in San Mateo County.



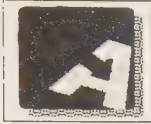
### CRITICAL CHOICES IN HEALTH CARE FINANCING REFORM:

- Anything short of universal coverage means that those who are insured will continue to pay for those who cannot pay through the practice of charging insured patients higher charges to make up for those who cannot pay or through higher taxes to support public clinics and hospitals for those who cannot pay and are not insured.
- Government currently pays nearly half of the nation's total health bill through Medicaid for the elderly and Medicare for the poor. Should government pay more? If so should it be the smokers through a tobacco tax or the wealthy through an income tax, or the elderly through reductions in Medicare? Should we mandate all businesses to provide coverage for their employees? Or should individuals be mandated to purchase coverage for themselves and their families in the same way that we mandate drivers to carry auto insurance. Such an individual mandate would require subsidies for those who are too poor to purchase health insurance.
- How should we control costs? Through competition? Through managed care? Through health purchasing cooperatives? Through price controls or ceilings on spending or premium caps?



### WHAT IMPACT ON SAN MATEO? HOW SHOULD WE RESPOND:

- The more the nation moves toward universal coverage, elimination of pre-existing condition restrictions, greater portability/transferability of benefits, the lower the burden on county government and services.
- The greater the restrictions on benefits and coverage, and the greater the restrictions in managed care in mental health, hospital and clinic care, the greater the burden on county government and services.
  - How should we respond to improve genuine access for those not included in the system?
  - How do we compensate for what is missing in the national reform?
  - If long term care is not included, what do we do in the foreseeable future?
- The greater the level of financial support and reimbursement for provider initiated models and demonstration projects, the more provider initiated models will be tried in San Mateo County.
  - What could we do if we really considered doing things differently and with different partnerships?
  - What would a community look like if we pilot tested a model of comprehensive wellness, health promotion, and community health care?
- As new managed care models emerge for special populations, we will be on the cutting edge to try them.



## FUNCTIONAL VS. CATEGORICAL

How will we embrace support the trend toward functional definitions and functional determinants of eligibility and service delivery for senior citizens and adults with disabilities :



### IDEA FILE

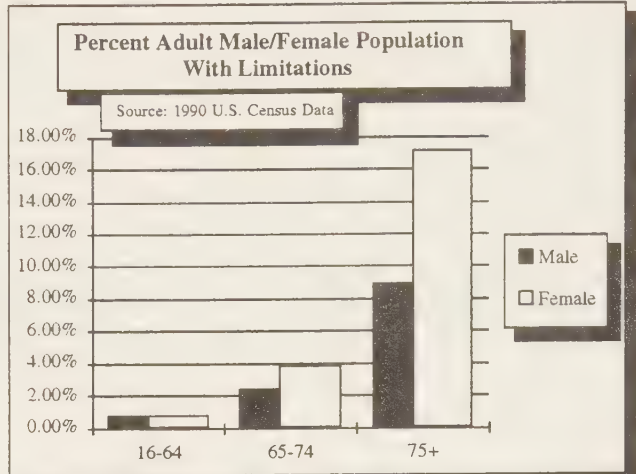
When any person needs assistance with one or more activities of daily living, a functional approach concentrates on developing the skills and resources that are required by the demands of that individual's unique life situation.

Functional programming begins with the attempt to understand how an array of adaptations and supports can be created to assist a person in gaining control over his or her everyday life. These adaptations may be mechanical, may involve a modification of the home apartment, or may involve persons such as personal care attendants, home health aides, or caretakers.

Individualized planning is key to functional programming. Such planning, to be responsive, brings together all of the people whose cooperation is essential for assuring the future quality of life of the individual.

When the focus is on functioning, then other considerations become secondary, such as:

- age categories
- diagnostic categories
- disability classifications



To reflect differences in absolute numbers of males and females across the age spectrum, the above chart presents the percentage of the male and female population with both mobility and self-care limitations. Adjusted for greater numbers of females in all age groups, the incidence of limitations is the same or greater for females in every category.



### FORCES TOWARD FUNCTIONALITY

- Influence and implementation of American with Disabilities Act
- Opportunities to modify services e.g. the Community Supported Living Arrangements amendments to the Social Security Act
- Movement away from labeling and diagnoses
- Opportunities to break out of categorical funding, e.g. the Public Authority model in San Mateo Co.
- Movement to define levels of care in adult day programs driven by functional ability
- Trend toward generic service definitions
- Some states have individualized payment rates driven by an individual's support plan
- Some states are using vouchers
- There is a growing number of cash subsidy and voucher based support programs allowing individuals and families to decide which supports will provide the most benefit
- There is a shift from model driven rates to support-plan driven payments which tie payments to a consumer's plan



### FORCES AGAINST FUNCTIONALITY

- Categorical funding streams
- Categorical program requirements
- History and Tradition
- Bureaucratic and Organizational Inertia
- Professionalism
- Licensing and Monitoring requirements
- Traditional commitment to facilities and old models
- Lack of Funding and support for change over to new models of payment



### CRYSTAL BALL 2000

- State has eliminated multiple and overlapping responsibilities for:
  - Licensing community programs
  - Administrative accountability for services for seniors and adults with disabilities.
- Reimbursement rates are based on levels of care and functional abilities.
- The Public Authority has completed a pilot demonstration project which blends several categorical funding streams to fund community supports for all age and disability groups.
- A shift has occurred from managing payments on a service-by-service basis to less categorical strategies that permit decisions about specific services and supports to be made locally or personally.
- Consumers and families have a stronger voice in the selection of service providers as dollars are being un-linked from specific provider agencies.
- The County's first voucher program is in place and it is driven by individual support plans.



# REINVENTING OUR FUTURE

## WHAT IS THE NEW BEGINNING COALITION & WHAT IS ITS MISSION?

The New Beginning Coalition is a group of committed individuals representing consumers, county agencies, nonprofit agencies, and a wide variety of consumer organizations and businesses. It was formed in July 1992 and has welcomed into membership any individual or organization willing to participate regularly in Coalition meetings and activities and willing to support the mission and work of the Coalition.

The mission of the New Beginning Coalition:

"To improve the quality of life of San Mateo County's senior citizens and adults with disabilities." To accomplish this mission the Coalition will develop, implement, and monitor a long-range strategic plan. The Strategic Plan will describe an ideal community, one in which a continuum of services and supports is available to sustain the independence and quality of life for seniors and adults with disabilities. The plan will reflect the diversity of San Mateo County and will be sensitive to consumer need. The plan will be developed by active and sustained participation of consumers, families, providers, organizations, businesses, and diverse community representatives who support the mission of the Coalition.

## STEPS TOWARD DEVELOPING THE STRATEGIC PLAN

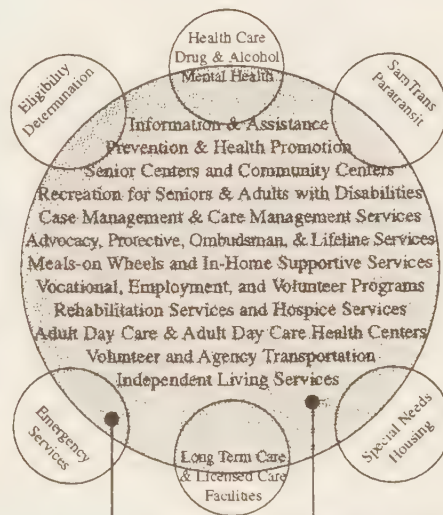
- Step 1** Identify the target population
- Step 2** Assess the needs & Factors Impacting Seniors and Adults with Disabilities
  - Complete a Needs Assessment
  - Educational Presentations at Coalition Meetings
- Step 3** Identify our "Service Market Niche" and Assess its Strengths & weaknesses
  - Identify our Market Niche and Boundary Areas
  - Systems Committee Provider Survey
  - Conduct Community Forums for consumer input
- Step 4** Review Baseline information, trends, and strategic directions
  - Baseline Conference: Tuesday, June 28, 1994
  - Community Response to the Baseline highlights
- Step 5** Visioning Conference: September 27 & 28
- Step 6** Develop the Written Strategic Plan
  - Seek community feedback and modify the plan
- Step 7** Disseminate, Implement & Evaluate Plan

## OUR TARGET POPULATION

Our target population includes seniors and adults with disabilities who:

- are healthy and are able to work or volunteer
- need assistance with activities of daily living
- are isolated, abused, harassed or exploited

## Our "Market Niche" Our Sphere of Influence



In our sphere of influence, we manage, influence, and control most of these resources.

Boundary areas, where the spheres overlap, are interfaces and "permeable" boundary areas, where we don't control the resources, but have the opportunities to cooperate and joint ventures.

## GLOSSARY OF TERMS

## **Appendix F**

### **Visions of the Preferred Future Highlights from Visioning Conference September 27-28, 1994**



# New Beginning Coalition

## Visions of the Preferred Future for 1995-2005

Summary of the Visions & Common Ground  
developed at the New Beginnings Visioning Conference  
September 27-28, 1994  
San Mateo County, CA  
Facilitated by the Third Sector Management Group



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## Introduction

More than 150 citizens, consumers, professionals, and advocates participated in the New Beginning Visioning Conference held at St Lukes Church in Foster City on September 27 and 28, 1994. Under the leadership of the Steering Committee of New Beginning a consultant team from the Third Sector Management Group facilitated this two day working conference.

The Visioning Conference, titled **Reinventing Our Future**, engaged the participants in looking backward to identify strengths and weaknesses: Our Prouds and Our Sorries; looking inward to identify the Mindsets, Assumptions, and Values which would be needed to shape the future; and looking forward to the year 2005 to define the common ground and the common elements of a Vision of the Preferred Future for Seniors and Adults with Disabilities in San Mateo County.

Each of fourteen working groups produced large 4' by 8' STORYBOARDS which presented a vision of the preferred future for seniors and adults with disabilities in San Mateo County. One group of Asian members worked in Mandarin and another group worked in Tagalog with the assistance of two bi-lingual volunteer facilitators. Each of the fourteen working groups self selected a particular theme or trend to explore and each group shared its vision of the preferred future with the whole conference in a "Village Fair" presentation during lunch on the second day.

Following the presentation of the Visions of the Preferred Future, the participants developed descriptions of the steps needed to get to the goals and secured commitments from participants to carry out the steps needed to reach the strategic goals and objectives.

The consultants summarized the descriptions or visions of the preferred future and prepared a written draft of the Strategic Goals developed at the Conference. The draft was sent to all participants and to the entire membership of the New Beginning Coalition. It was revised and reworked over a period of six months. What is presented below is the final version of the Strategic Goals as revised and approved by the Coalition, the Commission on Aging, and the Commission on Disabilities and then adopted by the Board of Supervisors. On each of the following pages the **Themes and Common Ground Supporting this Vision** summarize the key ideas developed by each working group and presented on their particular Storyboard. Since Strategic Goal/Vision 9 was added to the original draft during the six month review and comment period the conferees had not developed at the Visioning Conference the key themes and common ground which supported this particular vision. However, when Goal 9 was introduced as a recommended revision and circulated to the full membership it was endorsed unanimously.

## Summary of Strategic Goals/Visions

**Goal 1: Respecting the Consumer and the Consumer Self-Help Movement**

To create a network of services and supports which respects the role of the consumer and which incorporates the values of the self-help movement

**Goal 2: Greater Discretion, More Flexibility, Fewer Funding Constraints**

To provide the services and supports needed by seniors and adults with disabilities without regard to diagnosis, disability, age, or source of funding

**Goal 3: Greater Social Inclusion and Independent Living**

To provide a network of services and supports that sustains independent living and promotes full participation in the community in which people choose to live and work

**Goal 4: Honoring and Sustaining Our Growing Population of Seniors**

To provide a network of services, programs, and supports that enables seniors to remain independent, to reside safely in their homes, and to participate fully as valued and respected members of their communities

**Goal 5: Respecting Our Diversity**

To ensure that the network of services and supports for seniors and adults with disabilities reflects an understanding of and respect for this county's cultural and racial diversity and is free of ethnic, cultural, and/or language barriers to utilization of services

**Goal 6: Creating Safer, More Accessible, More Livable Communities**

To mobilize the leadership and energy of seniors and adults with disabilities to create and sustain safer, more accessible, and more livable communities

**Goal 7: Advancing Local Healthcare and Health Promotion Initiatives**

To establish local prevention programs and interventions that help the underserved while sustaining pressure for national health care reform

**Goal 8: Monitoring and Improving Community-Based Services and Supports**

To promote the involvement of consumers, providers, and advocates in the on-going process of monitoring and improving the network of community-based services for seniors and adults with disabilities

**Goal 9: Preventing Violence, Abuse, and Neglect**

To improve the security and well-being of seniors and adults with disabilities by reducing the incidence of violence, abuse, and neglect



## Theme 1: The Consumer/Self-Help Movement

### The Vision

To create a network of services and supports which respects the role of the consumer and which incorporates the values of the self-help movement

### Themes and Common Ground Supporting This Vision

- A new way of thinking is required regarding the role and power of seniors and adults with disabilities in every aspect of the system. The major new force for reform is senior citizens uniting with adults with disabilities on issues of mutual concern.
- The previous era placed the professional very much in charge of the direction and content of services. The new movement will alter the relationships between providers and seniors and adults with disabilities and their families. Seniors and adults with disabilities become the subject rather than the object of any intervention.
- Agencies can capitalize on peer and volunteer skill and experience particularly in relating to consumers and availability after business hours. Peer support and volunteer efforts can be enhanced with user-friendly materials, self-help handbooks, opportunities for future employment, improved training, and opportunities for volunteers to teach street survival skills, etc.
- Agencies that have been successful at shifting from traditional services to embrace the consumer/self-help movement have these characteristics:
  - an articulated mission that reaches every level of the agency
  - an openness to change and self-examination
  - a participatory spirit that includes consumers and adults with disabilities in policy and planning decisions
  - a focus on strengths and assets of staff and consumers
  - committed and caring leadership

### Key Words

*realistic expectations • empathy • understanding • listening*  
*“circle of support” • no “isms”, no stigma, no isolation • valuing care givers • cross-needs training*  
*“Help” is not a four letter word! • Have a voice and have a choice! • People can succeed!*



## Theme 2: Greater Discretion, More Flexibility, Fewer Funding Constraints

### The Vision

To provide the services and supports needed by seniors and adults with disabilities without regard to diagnosis, disability, age, or source of funding

### Themes and Common Ground Supporting This Vision

- The status quo is unacceptable; change is necessary.
- When any person needs assistance with one or more activities of daily living, a functional approach concentrates on developing the skills and resources that are required by the demands of that individual's unique life situation.
- Functional programming begins with the attempt to understand how an array of adaptations and supports can be created to assist a person in gaining control over his or her everyday life.
- When the focus is on functioning, other considerations become secondary: such as age categories, diagnostic categories, disability classifications, etc.
- The ideal model is consumer-driven and based on needs and abilities of the consumer. A single access point provides entry into a system or continuum of care, services, and supports. Access to the continuum and movement within the system is based on the consumer's functional level. The plan of services and supports is developed with, not for, the consumer.
- Financial support is diversified to blend several funding streams with consumer fees. Payments for services and supports are driven by the functional needs of the consumer, rather than service definitions, age, disability, diagnosis, or other categorical criteria.
- Service/support plans and decision-making is based on needs and functional ability of the consumer rather than on categorically-driven funding streams or agency territoriality supported by categorical or service-driven criteria and funding.

### Key Words

*compassion • enhance quality of life • flexibility • respect for individuals  
fairness • non-judgmental • belief in consumer-driven system • user-friendly  
accessible • partnership • inclusive • greater discretion and local control*

### Theme 3: Greater Social Inclusion and Independent Living

#### The Vision

To provide a network of services and supports that sustains independent living and promotes full participation in the community in which people choose to live and work

#### Themes and Common Ground Supporting This Vision

- The essence of independent living and social inclusion is being interconnected with every aspect of one's community and experiencing a community of support which values and respects individual choice and control over one's everyday life. The person of concern is referred to by name and is respected as a citizen or consumer rather than a patient or client.
- To live independently, some seniors and adults with disabilities may need an array of supports and adaptations to assist them in gaining control over their day-to-day lives. The control over what is needed is in the hands of the consumer rather than under the control of a professional or agency.
- Independent living is built on self-advocacy, choice, individual abilities, assets, and "having a life." It diminishes when staff plan for the consumer rather than plan with the consumer and when the focus is on deficits, labels, and dis-abilities.
- Independent living requires a reduction in fear and the removal of physical and attitudinal barriers that keep individuals from full social inclusion and full participation in their chosen communities.
- Social inclusion requires a profound shift from a professional- or agency-dominated system to one that is driven by the choices and preferences of seniors and people with disabilities. The preferred setting where supports are provided is the person's home, school or workplace rather than an institution, or group home, or agency.
- The Integrated Services Agency [ISA] model in mental health is built on very similar values, mindsets, principles, and interventions

#### Key Words

*caring • mutual respect • choice • capable • challenging • connected • ownership*  
*full integration • independence • taking risks • control • accessibility • attitude • community*  
*co-operation • togetherness • accountability • action • involvement • organization*  
*commitment • creative • vision • ability • valued • consumer-friendly*



## Theme 4: Honoring and Sustaining Our Growing Population of Seniors

### The Vision

To provide a network of services, programs, and supports that enables seniors to remain independent, to reside safely in their homes, and to participate fully as valued and respected members of their communities

### Themes and Common Ground Supporting This Vision

- “In Vogue To Be Old” will become the conventional wisdom in San Mateo County as a greater proportion of the population become senior citizens.
- Seniors will demonstrate by their lives what empowerment means as they take their “rightful place at the table,” to listen, to be heard, to lead, and to follow in respect and in dignity in every aspect of community life.
- As the numbers of senior citizens expands over the next several decades, it is likely that more and more seniors will challenge the subtle and not so subtle ways that society devalues their bodies, minds, and spirits. More and more seniors will proclaim: “No more! We are here! We belong here! We have choices! We will always be full and valued members and leaders within this community!”
- In order to maintain these valued roles of leadership and participation in our communities, it is essential that affordable housing expand to house all economic groups, that the needs of senior women and ethnic minorities are addressed, that accessible and affordable transportation of various types sustain independent living, that supports are in place to allow seniors to live comfortably at home, that a continuum of health care is in place so that seniors can receive tailored medical services while remaining in the familiar settings of their homes, and a network of volunteers is in place to reach out to seniors needing supports.
- Recognizing the financial challenges facing many seniors, especially women, opportunities for employment need to be developed and offered as well.

## Theme 5: Respecting our Diversity

### The Vision

To ensure that the network of services and supports for seniors and adults with disabilities reflects an understanding of and respect for this county's cultural and racial diversity and is free of ethnic, cultural, and/or language barriers to utilization of services

### Themes and Common Ground Supporting This Vision

- "Harambe" is an African word meaning pulling together in mutual interdependence.
- Diversity is a positive and powerful force for good in our community and within the network of services for seniors and adults with disabilities. Advocates of hate and those who engage in racism or immigrant bashing have forgotten their own immigrant roots and are out of step with the majority of our neighbors.
- A global economy demands a global vision built around a million global villages which fit together like a giant jigsaw puzzle. We are all part of an integrated and interconnected "whole" where the requirements of assimilation and acculturation also preserve and respect cultural and ethnic identity and diversity.
- Respect for seniors and family solidarity remains a powerful force in some cultures.
- Mutual communications and appreciation is the key to understanding.
- Improve the image of cultural diversity in the media.
- Technology should provide a portable translation machine.

### Key Words

*love for one another   •   respect   •   the richness of different cultures   •   mutual communication  
appreciation   •   harmony   •   mutual inter-dependence   •   global village   •   tolerance  
"salad bowl" rather than "melting pot"*



## **Theme 6: Creating Safer, More Accesible, More Livable Communities**

### **The Vision**

To mobilize the leadership and energy of seniors and adults with disabilities to create and sustain safer, more accessible, and more livable communities

### **Themes and Common Ground Supporting This Vision**

- Seniors and adults with disabilities want safe, accessible, and livable communities.
- Safe communities means safe at home, safe in the streets, and safe from harassment.
- Multicultural and intergenerational means interaction among ethnic groups and all ages, leading to a feeling of companionship.
- Seniors and adults with disabilities prefer shopping, activities, and services within walking distance and all facilities and places easily accessible.
- Reliable, efficient, accessible transportation is a key need for seniors and adults with disabilities.
- Seniors and adults with disabilities want to pursue healthy lifestyles, including physical health, social health, financial security, staying active, and able to remain independent as long as possible.
- Seniors and adults with disabilities want to keep balance and harmony in their lives, and want to nourish their minds and spirits.
- Seniors and adults with disabilities want support when and where they need it.

### **Key Words**

*community pride • neighborhood • common green areas • safety, • accessible  
inter-generational, • multi-cultural • caring society • supportive*

## **Theme 7: Advancing Local Healthcare and Health Promotion Initiatives**

### **The Vision**

To establish local prevention programs and interventions that help the underserved while sustaining pressure for national health care reform

### **Themes and Common Ground Supporting This Vision**

- Health care is a right first and foremost, not a business and not a privilege.
- Consumers have responsibility for maintaining a healthy lifestyle and they share the decision-making regarding illness with health care providers.
- Seniors consume more, and more expensive health care. Persons over age 65 account for more than one third of the county's total health care expenditures. As San Mateo County's population ages, there will be a corresponding increase in demand for long-term care and in-home supportive services.
- The explosion in medical technology has a double-edged impact on cost: many procedures are extremely expensive immediately and generate great costs over a prolonged period of recovery or longevity.
- Advances in communications technology are bringing us a paperless system and computer-assisted direct access to medical information, research, consultations, health education, and health care resources.
- The more the nation moves toward universal coverage, elimination of pre-existing condition restrictions, greater portability/transferability of benefits, the lower the burden on county government.

### **Key Words**

*a fundamental right • prevention • access • integration of services • continuum of care  
universal coverage • capitation • comprehensive wellness*

## **Theme 8: Monitoring and Improving Community-Based Services and Supports**

### **The Vision**

To promote the involvement of consumers, providers, and advocates in the on-going process of monitoring and improving the network of community-based services for seniors and adults with disabilities

### **Themes and Common Ground Supporting This Vision**

- At the countywide level the Commission on Aging, the Commission on Disabilities, and the New Beginning Coalition are positioned to address countywide issues and concerns of seniors and adults with disabilities. There are also a significant number of consumer and provider advocacy groups organized around specific services and issues.
- Providers, consumers, and administrators in San Mateo County have identified four distinct Community Service Areas: North, Central, South, and Coastsides, and the county's public services [Eligibility, Primary Care, Public Health, Mental Health, Drug and Alcohol, Aging and Adult Services] are being de-centralized and outstationed in each of these CSAs.
- Each CSA has distinct geographic, historical, demographic, and projected growth characteristics which require a unique blend of services and supports, but other than Coastsides, there is no organized and recognized consumer/provider group representing seniors and adults with disabilities in place to plan and monitor the community-based services and supports in all CSAs.
- There is a window of opportunity now to organize and support consumer/provider planning and advocacy groups in each CSA.
- There is also a window of opportunity to re-design the kinds of data needed in each CSA to monitor progress against the strategic plan, to monitor trends in utilization, to identify unmet needs and underserved populations, and to do that with CSA-specific data sets.



## **Theme 9: Preventing Violence, Abuse, and Neglect**

### **The Vision:**

To improve the security and well-being of seniors and adults with disabilities by reducing the incidence of violence, abuse, and neglect

## **Themes and Common Ground Supporting This Vision**

Note: The first eight Visions and Strategic Goal Statements identified above were developed at the New Beginning Visioning Conference and are stated here in the final form approved by the membership after a series of revisions and feed back from the entire membership of New Beginning.

Theme 9: Preventing Violence, Abuse, and Neglect was added during the first review session and was supported unanimously by the membership. Since it was added subsequent to the Visioning Conference, the common ground and discussion which is included in this document for the other eight themes was not available from the proceedings of the conference.



## **Appendix G**

### **Summaries from Community Forums Input Regarding Action Steps**

**June 22, 1995 - July 26, 1995**





## Summary of Community Forum Input

Site	Goal 1 - Respecting the consumer & the consumers self-help movement
Commission on Disabilities	Going in the right direction Add action step on self-advocacy
New Beginning Coalition	Going in the right direction
Self-Help for the Elderly	Need bilingual volunteers. Offer volunteers tax credits or vouchers for services individuals may need needed later.
St. Andrew's	OK as is
Family Service Agency	
Coastside Independent Elders	
Seniors in Action	
KAINOS	
CID	Need centralized information and referral system in San Mateo County Need support groups for disabled to be able to cope on an ongoing basis. This is because disabilities are not static and change with time.
Alliance for the Mentally Ill	Involve churches. Provide information about resources to churches and educate them about disabled & senior services. Many individuals seek the assistance of their church prior to receiving formalized services Include Hillcrest Juvenile Hall youth who may become disabled with mental health problems
Poplar Center	
East Palo Alto Senior Center	
Fair Oaks Senior Center	
Asian Senior Club	Advocate that seniors rely more on themselves than on the government Need volunteers who are able to offer different kinds of help Activities at Self-Help keep the elderly active both mentally and physically Emphasis should be on what seniors can do, rather than what they need

## Summary of Community Forum Input

Site	Goal 2 - Greater discretion, more flexibility, fewer funding constraints
Commission on Disabilities	Going in the right direction Increase breadth of the goal beyond Long Term Supportive Services Program Include issues specifically related to categorical funding within this goal Stakeholders- add Health Plan of San Mateo, service providers
New Beginning Coalition	Stakeholders- add Peer Counseling
Self-Help for the Elderly	
St. Andrew's	OK as is
Family Service Agency	
Coastside Independent Elders	OK as is
Seniors in Action	
KAINOS	
CID	
Alliance for the Mentally Ill	
Poplar Center	
East Palo Alto Senior Center	
Fair Oaks Senior Center	
Asian Senior Club	Agreed with proposed activities Needed services- medical escort, transportation, housing (HIP program)

## Summary of Community Forum Input

Site	Goal 3 - Greater social inclusion and independent living
Commission on Disabilities	<p>Going in the right direction</p> <p>Some overlap between goals 3 and 5</p> <p>Cross-cultural training should be stronger</p>
New Beginning Coalition	<p>stakeholders- add libraries and peer counseling</p> <p>Add educational component; educate physician's staff</p>
Self-Help for the Elderly	<p>stakeholders- add shopping assistance programs</p> <p>Need community education re: seniors, ADA, &amp; where to reach out for assistance.</p> <p>Improve facilities for hearing-impaired</p> <p>Need staff who can reach out to hearing and speech impaired.</p>
St. Andrew's	OK as is
Family Service Agency	<p>Need class on what to say on the telephone when asking for help. This is especially an issue in the minority and developmentally disabled community</p> <p>Emphasis should be placed on neighborhood resources, as they are most accessible</p> <p>Encourage participation of seniors and adults with disabilities in activities/services.</p> <p>Reduce paperwork-- it scares people away</p>
Coastside Independent Elders	
Seniors in Action	<p>Organize meeting between high school students and elderly to teach them about getting older and to teach respect. Utilize TV (i.e. local cable stations)</p> <p>Transportation for leisure activities.</p> <p>Transportation for those who are not totally immobile</p> <p>Deaf elderly need interpreters at important meetings at senior housing complexes</p> <p>Education is a must. Request for someone from County to speak at senior housing complex.</p> <p>Deaf community in Pacifica needs more recognition.</p> <p>Community groups should provide transportation for local community events.</p>
KAINOS	<p>There needs to be a greater range of vocational opportunities for people with disabilities. Many work programs don't have enough work, which limits pay.</p> <p>More support is needed for married couples with disabilities and for boyfriends/girlfriends who want to live together</p> <p>It is very important that all people have the supports necessary to live in their community</p> <p>Seniors shouldn't be segregated from young people; people with disabilities should be able to live with people their own age if they want to.</p> <p>Stop discrimination in housing for minorities, seniors, &amp; people with disabilities.</p>
CID	<p>At disability fairs, have a booth that can assist people in purchasing products.</p> <p>Public should be able to attend seminars on disability sensitivity.</p> <p>There should be sensitivity training among the different disability groups and elders.</p> <p>Expos and fairs targeting elders and the disabled should be combined.</p> <p>Acknowledge that disability is individualized, even though there are similarities.</p> <p>Financial planning should be provided for low income seniors &amp; the disabled.</p>
Alliance for the Mentally Ill	
Poplar Center	<p>Develop strategies to enable people with disabilities to participate in recreational programs-- pictorial newsletters (for non-readers), post information in residential &amp; day programs, encourage "Learn to Read" programs, develop transportation and/or buddy systems, collaboration between recreational programs and day programs</p>



## Summary of Community Forum Input

Site	Goal 3 - Greater social inclusion and independent living
East Palo Alto Senior Center	Need more community education. Need special doorbells for people who can't hear. The rent ceiling needs to be controlled, as people are concerned about cost of rent.
Fair Oaks Senior Center	Develop services that assist seniors/persons with disabilities with minor home repair The issue of grandparents as primary caregivers needs attention. Services need to be targeted to them, especially child care, without which they are precluded from participating in other programs/services Promote greater awareness of advocacy services for seniors/people with disabilities who face eviction for advocating for their rights.
Asian Senior Club	

## Summary of Community Forum Input

Site	Goal 4 - Honoring and sustaining our growing population of seniors
Commission on Disabilities	Going in the right direction
New Beginning Coalition	Stakeholders- specifically name Volunteer Center, RSVP, IHSS/Public Authority, the geriatric services; add churches and peer counseling
Self-Help for the Elderly	Current activists may not live beyond 1999 to see the ideal system implemented.
St. Andrew's	OK as is
Family Service Agency	
Coastside Independent Elders	Stakeholders- add core service agencies, specify affordable housing providers
Seniors in Action	
KAINOS	
CID	
Alliance for the Mentally Ill	Add stakeholders- AMI and mental health providers
Poplar Center	
East Palo Alto Senior Center	
Fair Oaks Senior Center	Officials need to be kept aware of the great need for affordable senior housing
Asian Senior Club	Leadership is an important factor in achieving goals

## Summary of Community Forum Input

Site	Goal 5 - Respecting our diversity
Commission on Disabilities	Going in the right direction Attitudes are the biggest barrier More representation of diverse populations on Commission on Disabilities
New Beginning Coalition	Stakeholders- add peer counseling, Hispanic Concilio, Hispanos Unidos, Asian coalition groups; add media/minority media, volunteer groups Educate younger minority individuals to respect older minorities individuals
Self-Help for the Elderly	All goals and objectives have been suggested in past. People are tired of the fact that there has been a lot of talk, but no action. Tired of wasted time and effort. Need action now. Need outreach workers to reduce loneliness. They need to bilingual outreach workers in more than just Spanish language Need bilingual volunteers. Have specific slots (i.e. Asian) on advisory bodies. COA and COD are still too WASPish. Reach out. Be specific and seek out representatives from growing populations from within senior community. Have designated slots for specific kind of candidate (i.e. Asian, senior, consumer)
St. Andrew's	OK as is
Family Service Agency	Yes, you are going in the right direction on all the objectives. All community and/or senior newsletters should have a section written in languages other than English that are significant in the community. Services providers (including AAS) should be ethnically diverse Senior center volunteers need cross-cultural training (volunteers and participants are the ones who make outsiders uncomfortable). Senior centers should continue to celebrate ethnic holidays and recognize ethnic contributions as much as possible Seniors from all cultures should be welcomed and made to feel comfortable in all programs. This should include improved marketing. Emphasis should be on "understanding" minority cultures. There must be mutual understanding in order to eliminate racial prejudice, which still exists. There could be a joint meeting of all ethnic groups to discuss what is happening in the community or monthly meetings of a small group to discuss senior health and community projects.
Coastside Independent Elders	
Seniors in Action	
KAINOS	
CID	Need to hire more bilingual service providers.
Alliance for the Mentally Ill	
Poplar Center	
East Palo Alto Senior Center	
Fair Oaks Senior Center	
Asian Senior Club	Supportive of proposed activities Concern about citizenship test and its relationship with SSI Need to hire more bilingual staff to serve minority seniors



## Summary of Community Forum Input

Site	Goal 6 - Creating safer, more accessible, more livable communities
Commission on Disabilities	Going in the right direction Stakeholders- add the Paratransit Coordinating Council Add- The Paratransit Coordinating Council should expand its role in advocating for consumers who are not getting adequate services
New Beginning Coalition	Stakeholders- add media, Housing Authority, cities and County, the Disaster Preparedness Coalition, countywide disaster/emergency preparedness planning group
Self-Help for the Elderly	
St. Andrew's	OK as is
Family Service Agency	
Coastside Independent Elders	Stakeholders- add Coastal Commission, Environmental Health, volunteer agencies, core service agencies, city disaster offices
Seniors in Action	More police protection needed Transportation needed for disabled who are not totally immobile. Transportation for leisure activities. Disaster drill, warnings cannot be heard by hearing impaired
KAINOS	
CID	Need to educate the disabled community on how to access public transportation. Some people are afraid to use it. Need training for consumers. Passengers should know their rights and responsibilities as disabled consumers and how to access public transportation. Need more training for drivers-- it should be done every 6 months. Drivers should receive a certificate for knowing how to provide transportation to disabled passengers. The disabled community should have a spotter, who would utilize public transportation and report back to the group. A written report would then go to SamTrans. Need to reward good drivers.
Alliance for the Mentally Ill	NBC should create an action plan for disaster preparedness. What services will be available for disabled and seniors once a disaster takes place? Is San Mateo Co. prepared?
Poplar Center	
East Palo Alto Senior Center	Concern about inefficiency of public transportation and the fact that people at doctors' offices need to wait for return trips.
Fair Oaks Senior Center	There needs to be more support for community advocacy/organizing for things like street maintenance, graffiti removal, and discouraging crime
Asian Senior Club	



## Summary of Community Forum Input

Site	Goal 7 - Advancing local health care and health promotion initiatives
Commission on Disabilities	Going in the right direction Maintain programs that currently exist that are threatened by budget cuts Stakeholders- add Health Plan of San Mateo
New Beginning Coalition	Stakeholders- add medical schools and training centers on public policies, Spanish and English peer counseling programs; add state & local legislators on health care reform issues on national level Include issues relating to diversity and people with disabilities
Self-Help for the Elderly	
St. Andrew's	OK as is
Family Service Agency	
Coastside Independent Elders	OK as is
Seniors in Action	
KAINOS	Some people with disabilities need help scheduling doctor appointments More focus on immunizations More dental insurance (Medi-Cal) for persons with disabilities More choices in doctors and dentists who accept Medi-Cal Greater public awareness of medical issues of people with disabilities- i.e. seizures Campaign for breast/prostate cancer awareness among those who work with people with severe disabilities and more support for those caregivers
CID	
Alliance for the Mentally Ill	Create an Ombudsman for San Mateo Co. (through Health Dept?) who can answer questions about health services or help people with disabilities and seniors who are often left to call many depts. before getting an answer to questions.
Poplar Center	
East Palo Alto Senior Center	Concern about merging of medical insurance with HMO's-- too much concern about reducing costs results in limiting individual's freedom to choose medical provider.
Fair Oaks Senior Center	
Asian Senior Club	



## Summary of Community Forum Input

Site	Goal 8 - Monitoring and improving community-based services and supports
Commission on Disabilities	Going in the right direction
New Beginning Coalition	Stakeholders- add city planning departments, media, paratransit providers, discharge planners Specify CSA (community service area) as network of health services
Self-Help for the Elderly	
St. Andrew's	OK as is
Family Service Agency	New Beginning Coalition should convene meeting with officers of community clubs/groups to educate them about the Coalition. They can serve as liaisons and establish better communication with community groups
Coastside Independent Elders	Stakeholders- add local CSA planning groups Emphasize importance of affordable and accessible housing
Seniors in Action	Senior housing residents would like someone from County to come and speak to them about services/programs.
KAINOS	More high quality affordable housing is needed for people with disabilities
CID	Merge the Commission on Aging and the Commission on Disabilities Disseminate information New Beginning Coalition has collected to the community after project is over. Decentralize monitoring; each community should have its own. Schedule meetings mid-day (to accommodate traveling time) at accessible locations.
Alliance for the Mentally Ill	
Poplar Center	
East Palo Alto Senior Center	
Fair Oaks Senior Center	
Asian Senior Club	Encourage each member to bring two new members to New Beginning Coalition



## Summary of Community Forum Input

Site	Goal 9 - Preventing violence, abuse, and neglect
Commission on Disabilities	Going in the right direction
New Beginning Coalition	Stakeholders- add banks, PG&E, utilities, Hispanic Peer Counseling, senior centers, emergency rooms/medical providers, neighborhood groups, legislative offices, churches, Catholic Charities, local and statewide bilingual agencies
Self-Help for the Elderly	
St. Andrew's	OK as is
Family Service Agency	Educate caregivers to recognize signs of elder abuse Advocate for more state funds for prevention and education programs All programs need to be coordinated with local law enforcement Participate in group discussions among adults of different cultures about violence, abuse, and neglect and how to prevent them
Coastside Independent Elders	
Seniors in Action	
KAINOS	
CID	No comment.
Alliance for the Mentally Ill	Provide support to disabled and senior individuals who may not have family members to help and "go to bat" for them should abuse, violence, and neglect occur in board and care home or skilled nursing facility Add stakeholder- Jewish Family and Childrens' Services
Poplar Center	
East Palo Alto Senior Center	Need to protect seniors who are being badgered to take out loans.
Fair Oaks Senior Center	Ensure that TIES line is available and promoted in as many languages as possible
Asian Senior Club	

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